

The ALKALOIDAL CLINIC

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THE MISSION OF THE CLINIC.

WE desire to point out the fact that, regardless of what may be said of it or how it may be used in comparison with others, the CLINIC has a distinct and positive mission—namely, to point the way to better means and methods for the treatment of the sick; and believing as we do that this road is paved with active principles and flower-lined with the salient, clean-cut dosage ideas essential thereto, its work is largely based thereon. What it is, as it stands before you today, has been determined largely by the conscientious and well-proven work of its readers; their wants have shaped its style and their suggestions to a great extent its policy; they, with its management, always working together for the common good.

Above and beyond all this the CLINIC stands for Alkalometry—active-principle therapeutics. It is the chief American exponent of the doctrine of alkaloidal medication, and as such has succeeded in winning a place at the top. It is a journal with a purpose. The editor of the CLINIC, when he first introduced the active principles to the profession of this country with which to demonstrate his teachings (having first

made them for years for personal use) was compelled to make the granules and did so, realizing that it was impossible for the average doctor to mathematically measure and prepare potent alkaloids for his own use. Had it not been that this was done, active-principle medication would no doubt be today a dead issue—as it is, you will agree that it is very much alive.

Because the leading exponent of Alkalometry prepares in granule and tablet form the remedies which are used by the Alkalometrist, it becomes essential to announce that fact in the CLINIC and elsewhere; but these goods can be made and are made, after a fashion by other manufacturers and you do not find the CLINIC recommending *Abbott's* granule of this or that active principle as *the only*. Not at all! We recommend *arbutin*, *digitalin* or what not, and the doctor can get the preparations where he likes. With some confidence we *do* urge him, of course, to get the best, but we leave for him to determine where. If you will watch the pages of the CLINIC you will note that we recommend all sorts of remedies—anything in fact that has proved the best thing in any condition. Nothing is barred. No rem-

edy is scoffed at! Our doors are wide open! Our demand for the best! In our columns our readers tell their story as they please and we comment freely with supplementary thought. In our editorial department we teach and urge the use of the alkaloids wherever possible. It is true that the editor of the CLINIC provides the alkaloids in proper and permanent granule form at a fair price; but there our commercialism ends, and before and behind it and all around it is the object and effort to advance the cause of *scientific and positive medication*. This is the mission of the CLINIC—to enable the earnest, hard-working doctor to tell his troubles, and to advise him, guide him and lead him whenever possible to a better practice and to a greater success.

If our answers to correspondents are carefully scanned, it will be found that the advice given is advice worth having. If you, my critic, know anything better and don't tell what it is, you are in error and not we, who do the best, the very best, we can, for every case described. Naturally we recommend a great many alkaloids because we believe and know that they are the best remedies. The few specialties recommended, such as Saline Laxative and the Intestinal Antiseptics, are non-secret and each of them is the outcome of a distinct need. For instance, people died of typhoid fever—Drs. Waugh and Abbott found the cause and the remedy. The sulphocarbolates are now used by the ton, but they can be bought anywhere; the CLINIC does not say that the W-A Intestinal Antiseptic tablet, and it only shall be used. It prefers this tablet because it is certain of its purity and dependability. So with all other remedies used or spoken

of. It is perhaps a pity that the CLINIC cannot teach Alkalometry only—cannot be separated from the idea of a source of supply; and yet, even then, the inference would remain and people would say, "Because they recommend a certain thing they must control it." The world is at best censorious; but in time it generally recognizes truth and we believe it ultimately will, in fact, that it is even now doing it, in this case.

The CLINIC is what it is. It is the exponent of Alkalometry, and its owner and editor makes today as he did in the beginning, the bulk of all the dependable remedies that the Alkaloidist uses. He does so because he knows that only when the physician gets the best are the results certain to be positive and it is only by insuring such results that the great and grand truths of Alkalometry—alkaloidal therapeutics—are certain to be established.

If the CLINIC must suffer from unjust criticism and unfair comparison it will make the best of it; but those who have read it the longest, those who know it the best, will understand how single-eyed and hearted has been its policy and how useful and beneficial its career. Success has many enemies and improvements are slowly accomplished. The CLINIC is the mirror of the mind of a great part of the profession and we believe that no man can read one issue without being the better for it. If, however, one can derive harm from such perusal we will thank anyone to point out the fact.

And so with the desire to do good and to uplift medicine we shall go right on with the CLINIC, not seeking comparison with others, but always ready to receive criticism and anxious to benefit thereby. That the journal is published for the pur-



Don't think that it is a sign of knowledge and skill to use the forceps. Often it's the reverse.

The pains of parturition are worse than operative; chloroform is essential in either case.

pose described is known to those who know the CLINIC; those who do not know that fact are invited to become acquainted with it and through it to learn what the CLINIC and Alkalometry really are.



Facts are at times impertinently pertinent.



GENIUS AND AUTOTOXEMIA.

Dr. Crutcher has just called attention anew to the close alliance of genius with that lack of balance which may appear as madness, epilepsy or other grave neuroses, or with certain physical evidences of perverted nutrition. The list of examples is long, and might easily be made much longer. But this is a thing that has been so fully demonstrated that it has been removed from the field of argument, the connection being universally admitted. Genius in fact may be said to consist in a lack of harmonious balance between the mental faculties, dependent on a like somatic inharmony.

Dr. Gould has lately discussed the woes of genius, which he attributes to defective visual accommodation, uncorrected by the art of the oculist. His plea is a strong one, and he enforces the argument with his accustomed vigor and lucidity. But to him the elephant is simply a sphere, in the periphery of which is inserted a segment of a smaller sphere; both of which should be mathematically perfect but neither of which ever prove to be so.

If our memory serves us aright, there have been other efforts at explaining the same phenomena within the domain of ophthalmology. Did not the advocates of graduated tenotomy attribute these

ailments to imperfections of their part of the ocular mechanism?

Woakes long since attempted to direct attention to the ethmoid cells, as the source of headaches and about the entire list of human maladies; but for some reason he did not succeed in winning sufficient support to command respect. And yet his section of the elephant is as important possibly, and as likely to be at fault, with ill consequences, as any other portion of the animal's anatomy.

It is unnecessary to complete the list. Every new local-specialty faddist that arises seeks to explain the vast majority of human ailments by derangements of his pet bit of flesh. And Shylock-like, he demands his full pound, with utter disregard of the other parts, or of the good of the body as a whole.

We have been charged with adding one more to this long list of pin-point visioned specialists, by attributing everything to autotoxemia. The accusation is unjust—a man of straw set up for the facility of knocking it down. True, we find this element underlying a vast number of cases, of a vast variety of maladies. We find the blood poisoned, and circulating throughout the body to every cell within its limits; and we find that wherever may be located the point of weakest natural resistance to noxious influences, there will be developed local disease manifestations. It may be the eye, the nose, the throat, the heart, the lung, the appendix, the ovary, the brain. The union of a universally-applied cause and a weak, unprotected point, will surely develop local disease at that point. But we are far from claiming that there is no other element present. It was hotly debated once, whether



Abortion is loss of fetus during first twelve weeks; miscarriage in six months; later premature labor.

Abortion is less frequent during first than in subsequent pregnancies; thirty per cent of women abort once.

the North American Indian came from Polynesian derelicts, Chinese or Japanese castaways, Siberian immigrants, Welsh or Scandinavian sea-rovers, or colonists from Phoenicia and Atlantis. Nowadays we admit the possibility of all these elements contributing to the formation of this race.

So we receive the contentions of Gould, Stevens, Woakes, Haig, and all the rest, as each being based on a degree of truth; yet not one as excluding other truths. And we claim that as a great fundamental condition, underlying all these, we find that state known as autotoxemia more frequently than any of these, and usually present with the local conditions they describe, and in fact entering as causal elements into them.

And this doctrine has largely replaced that incomprehensible, inexplicable one known as "reflex irritation." Just why a lesion of one part should be manifested in another part, is as yet without rational interpretation. The ingenuity of the pathologist has been exhausted in detecting the routes by which reflex irritations travel, but he has not told us why these routes are chosen instead of the natural, well-marked ways. But since the development and popularization of the autotoxemia theory, there has been but little said of reflex irritation. A readier explanation of most of its phenomena has been supplied.

How often we have to hark back from the labored and intricate studies in the abstruse, and even in the occult, to the simpler and more commonplace operations of nature. Take locomotor ataxia: We have learned to associate this malady with certain scleroses of spots in the posterior columns of the spinal cord, because we find these scleroses on au-

topsy. But what was the condition during life? Sclerosis is not an active state of disease, is evidence of pre-existent disease—the ashes of a burned-out fire; and the evidences of the real active malady have disappeared with the life of the affected individual. Basing their view on the assumed identity of the malady with these spots, the pathologists have given it up as incapable of useful treatment—for sclerosis is atrophy, and atrophy is the destruction of the essential cellular structure of the part or tissue, and no drug can make tissue grow again when once destroyed. But, the patient has lived so far, with these cells atrophied, and he should be capable of continuing to live with them another day, and yet another, if only the malady can be stopped right there. And so we come back to the condition preceding the atrophy, and there the pathologist has nothing to say.

We have—a little. Why did these cells atrophy? Was there not some noxious element carried to them by the blood, that induced in them the processes that led to destruction? If not, how did it get there?

A good general maxim for the practitioner: Find out all you can about your patient, if you cannot find out all there is in the case. And then treat whatever you can find that is within the reach of treatment. Maybe you will find the symptoms disappear. Move the key-log in a jam, and the whole mass may break up and move off.

You'll generally find autotoxemia present—Lauder Brunton once credited this with nearly all the chronic affections of the spinal cord, including ataxia—and surely it will do no harm to make your patient's alimentary canal clean and to



Abortions are more frequent among women who have passed thirty; in these during first three months.

Any condition which sets up uterine action or irritation may cause abortion; correct systemic dyscrasias.

keep it aseptic. Then you may build on that foundation securely.

How about paresis? There is another malady that is, pathologically speaking, incurable. It rests on the tripod of alcohol, sexual excess and syphilis. Are either of these impregnable? Cannot the degenerative changes excited by these be stopped, in time to leave the patient a reasonable modicum of cerebral force?

All admit that there occur certain inexplicable periods of check in the progress of the malady, even of apparent retrogression and cure; but it is denied that these are due to treatment, or that by any treatment they may be secured. This is, of course, a mere assumption, and it is obviously impossible to prove that the treatment had no good effect. Even if the same methods failed in other cases, it proves nothing except that the conditions were different.

Probably the explanation of the benefits accruing was mistaken, and subsequent trials were therefore misdirected. For instance, recovery might follow free purging and antiseptics, and be attributed to a specific influence of the podophyllin administered; whereas it was really due to the fact that the malady depended on autotoxemia in that case. But the next case may have been based on syphilis, and here the podophyllin would fail. Or, the habits causing the affection may have been completely stopped in one case, and not in subsequent ones.

If there is one lesson we try to teach, it is the need of studying every case for itself, of treating conditions and not names. There is no royal road to success in the use of the alkaloids. They are simply better weapons, better sight-

ed, better made! but the soldier must still be brave and intelligent to win with them.



Success in a good cause demands further effort, further progress, and no resting upon the oars, no strutting in the laurel crown.



"MEDICINE AN EXACT SCIENCE."

Is medicine an exact science? This is the question raised by Dr. Joseph Clements in an article which he contributes to the April 30 number of *American Medicine*. While he does not answer with a "yes" or a "no" he points a way for inquiring minds, out of the present-day therapeutic confusion and skepticism. He lays down this fundamental principle—that "protoplasmic activity is the operative agency in organic processes." In disease the germ is but the incidental cause, the irritant, which sets the process in motion. Bacteriology has led us too far afield; for in our eagerness to find "specific" causes (and specific cures) for every disease, we have forgotten that we must deal primarily with the vital chemistry; we must arouse the dormant protoplasmic activities of the body in their own defense, and this can only be done with the exactness that is truly scientific by realizing that different tissues react differently to different substances, and by selecting those clearly indicated by the type of protoplasm which is at fault.

It is essential therefore that the remedies employed have a well-defined action—that their action be centered at the aberrant process and not aimed in a general way at the something that we call "disease." Therapeutic exactness, therefore, inevitably calls for the active prin-



Uricacidemia often causes death of fetus *in utero*, as does any poison circulating in the maternal blood.

Syphilis, tuberculosis, the infectious disease, inflammations, neoplasms, displacements, shock and trauma cause abortion.

ciples—the alkaloids—for they alone meet the indication. This is the conclusion which is reached and one with which we are sure every reader of the CLINIC will agree. In other words, Dr. Clements takes a stand for Alkalometry on a scientific basis which should appeal to every scientific man who is endowed with that valuable but rare gift—"sweet reasonableness."

The end is inevitable. Sooner or later the "savants" who have groped in maze-like hypotheses, which commence nowhere and go no man knows whither, will be forced to accept the truths embodied in this simple idea, already accepted by the masses of the profession. As Dr. Clements says: "More than 30,000 American physicians have stepped to the higher ground of these advanced positions, and therapeutic skepticism will not long stand before the success they are attaining in the use of these 'medicaments of precision'."



"What others say of me, matters little. What I myself say and do, matters much."—*The Philistine.*



BEWARE OF THE EDDY.

The Creator of the universe has in His boundless beneficence filled all nature with innumerable blessings. In the animal, vegetable and mineral realms exist countless substances and products which man has found suited to his needs. And man has been endowed with the capacities for extracting and by innumerable modificatory processes altering and rearranging these products so as to increase their adaptabilities to his wants. The history of civilization, of progress, is that of man's delving into these stores

and adapting them to new uses for his benefit or gratification.

Among these stores of useful things, hidden away where they can be found by the exercise of those powers which man possesses, are many active principles of plants, which exert definite effects upon the human system in health and in disease. The discovery, classification and proving of these principles has progressed very far; their application to the treatment of disease has hardly commenced. Instead of leading the march of humanity the doctor has unaccountably lagged behind. He is archaic in his methods of healing, and has failed to appreciate the advantages to be derived from the use of therapeutic certainties in his work. And yet herein lies that one certain footing that leads to safety; for if this one footing be assured, it is an easy matter to find the solid ground.

The stream of human progress is a mighty river, flowing ever onward to the sea. But in every river there are little counter-currents, eddies, and some of these may attain such dimensions that to the observer who sees them alone they appear to be the real stream. And in one of these Eddys the medical profession seems to be involved, so that the use of drugs is deemed actually impious, as derogatory to the glory of the God who gave them to man.

Does this little eddy seem so big to you, Brother? Get out into the great current itself. Realize the strength of its resistless, onward sweep and rush and get something of this force into your own being. Ride on the top wave of the main current, instead of wasting the best years of your life in a little two-by-four eddy that does nothing, goes nowhere, but creeps back and forward along a few



Pain in pelvis and hemorrhage in a pregnant woman bespeak approaching abortion. Take prompt steps.

Abortion may take place without pain or noticeable hemorrhage; blood serum or liquor amnii may alone be observed.

miles of the Arkansas shore, bearing on its bosom a little drift flung into it by the currents of the Great River as it rushes past.

All along the shore are the little back currents of superstition, of decadence, of devolution. Only the floaters are caught therein, the rudderless, the power-gone, the incapable of such exertion as will keep them in the current.

Do you belong there?



Education is not all a man or woman needs, culture is sadly wanting in many an educated one.



GOOD HORSE SENSE.

As a contrast to some of the senseless "batting" that we are getting from those who seem unable to appreciate the work we are doing for the betterment of medical practice, I quote from a letter at hand:

"I like the CLINIC very much. Stick to your text and you will have the most practical journal of the age! Your teachings are correct, there is no doubt about it, as I have proven hundreds of times. It won't be many years before the horse doses that are given so generally at the present day will be relics of ancient history. Then the present methods of practice will be as amusing to the profession, as the practice of a hundred years ago is to us now. Keep the CLINIC as it is now and you'll win. The busy practitioner has no time for anything that is not 'to the point'."

The CLINIC is doing its level best to help the poor doctor to be a good doctor, the good doctor to be a better doctor and all to be the best that can be made out of existing material and right ideas. We



Parts of ovum may be retained after abortion and cause trouble years afterwards. Empty the uterus.

try to deal justly with medical thought; we try to treat everybody right, and if our critics continue to misrepresent us through ignorance or intent to deceive, the responsibility is theirs. They may and no doubt will have a temporary influence, but in the end our work will win, for it is right—right and true and above board; wide open to the investigation of every honest man. We have no secrets from the medical profession, no policies to hide.

'Tis true we are stirring things up and we don't intend to let them settle, not if we know ourselves, till the truths of active principle therapeutics are well recognized and generally accepted, and then we expect to be stirring the boiling pot harder than ever.

Be honest and just brothers! Criticize if you must, but be fair and open about it, and don't start in to tear down till you are sure you can build something better—take hold to better and boost, not to villify and hinder. Be sure you're right, then go ahead.



It is an old proverb: "Little and often fills the purse." This is prophetic of Alkalometric success: Small doses often repeated.



AMONG THE BOYS "DOWN EAST."

The meeting of the New Hampshire State Medical Society drew our wandering steps to the ancient city of Concord. How these big men recall an assemblage of Englishmen—portly, rosy, with a quiet strength that is impressive. The Secretary has filled that office since the Civil War!

The first day's papers were mostly "up-to-date"—surgical, or stopping short

Early abortions almost always call for operative interference as the uterus never empties itself.

when the question of "treatment" was reached. In fact, when an excellent paper on paresis ended with the old "no treatment" surrender, we began to wonder if the therapeutic faculty of New Hampshire's doctors was paretic, or if they were afraid to own to faith in their own art. But the next day's proceedings redeemed this, as there were several fine therapeutic papers. The alkaloid of the meeting was by the alkaloid of the Society, Dr. Anna M. Littlefield, upon Physostigmine as a Remedy for Flatulence. She detailed a strikingly apposite case. It was discussed by Dr. J. Elizabeth Hoyt. One of the most practical papers was that of Dr. I. G. Anthoine, on Digitalis.

We were much impressed by the appeal of the President, Dr. Ezra Mitchell, for a state sanatorium for consumptives. His bent form and feeble voice gave added emphasis to his earnest words. A bill providing for such an institution passed the last legislature but was vetoed by the Governor, under the influence of his family physician. The next Governor attended the Society banquet, and we think will act on the strong indorsement of the Society, given to this bill.

Dr. Kittredge's paper was remarkable in that the writer led directly up to the truth and then stopped. He said that asthma rested on the tripod of a nasal obstruction, an irritation of the pneumogastric nerve, and an obscure but deeply-seated morbid condition that had not as yet been explained.

That it is deep-seated and essential we will admit, but we deny that it is obscure or at all difficult to explain. The condition is autotoxemia. With the blood contaminated by the absorption of

decomposing matters from the alimentary canal, it is not to be wondered at that the point of lowest vital resistance in the lungs shows evidences of irritation. When the true import of this principle is comprehended it proves a key that unlocks many doors, a torch that illumines many an obscure corner.

Dr. W. H. Leith called attention to the danger of neglecting the warning given by albuminuria, and objected to the term "physiologic" albuminuria. So far we agree with him; but he neglected to call attention to the most dangerous form of nephritis, that in which there is never more than a trace of albumin, and often not even that, but the solids excreted by the kidneys fall to a perilously low point. So many physicians still fail to see that the danger lies in the failure of excretion far more than in the loss of a little albumin. Nowadays albuminous nephritis does not occasion us much apprehension—it is easily managed and fairly curable. But the true treatment of the interstitial form has as yet not been fairly comprehended by the profession—except that part which has learned the use of veratrine.

The banquet was well served, orderly, and graced by the presence of Senator Burnham, Hon. John McLean, Judge Remick, and other brilliant speakers. In fact, there was not an address which could not truthfully have been termed a "decided success." Oratory seems to be indigenous and pandemic up here. Above all, we had the pleasure of grasping the hands of quite a number of our good friends, whom we have long known by correspondence, the men who use the alkaloids and aid us so strongly in regenerating the practice of medicine.



By placing a finger on the mother's radial pulse the difference between it and the fetal heart beat can be made.

The uterine souffle develops about the tenth week and is best heard as a rule in the ninth month.

THE GALENICALS UNTRUST- WORTHY. MAGISTER DIXIT.

In an article written for and appearing in the *Medical Record* (Brooklyn) some time ago, Dr. Norton stated:

"'Untrustworthy' ought to be written after the name of many of the fluid extracts of medicinal plants usually found upon our druggists' shelves. I have a habit of tasting at subsequent visits all the medicines I prescribe and find that there are a large number of fluid extracts in many of the official and unofficial forms prepared for our use by the pharmacists which taste exactly alike. That taste is a peculiar, stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to the plant in the green state; and just here I make no doubt is the secret of the untrustworthiness of many of these medicines. Instead of the fluid extract being made from the recent or fresh, green herb it is often made from a dried and more or less inert plant from which the active principle has perhaps wholly evaporated." *How's that?* May we not say, "I told you so?"

One of the largest and most reliable firms of the old-style manufacturing chemists of this country publishes this announcement in their catalogue and head it, "*This is True.*" Of course it is! And when they try to improve upon matters and commendably offer the doctor a fluid extract or tincture of the green drug, they are trying to give him something containing the active principle (i. e., the curative material) which the plant contains.

Were we unable to do better, this would certainly be an advance upon the

old "untrustworthy" fluids; but we have been able to isolate and obtain in appreciable quantity *the active principles themselves*. There they are, we know what they will do, how much as a rule will do it, and the only drawback possible would be the measuring and dividing of such potent materials; but that drawback is absolutely done away with by machinery which takes any quantity of the active principle and with mathematical precision divides it into portions of gr. 1-67, gr. 1-134, or any other proportion desired. This quantity is then covered with a soluble sugar coat and there the doctor has in a little vial an extract quantity of the active remedial principle of the plant, enough to treat any and many conditions, and representing from a pint to a gallon of fluid which at best contains alcohol, plant-dirt and other extraneous matter which should not be put into any stomach, to say nothing of the presence or absence of a variable quantity of the activity which it is supposed to contain.

So well recognized is this fact that today every chemical house of merit makes or offers for sale concentrations, alkaloids, resinoids and glucosides, and makers of proprietary medicines now buy these and add syrup, water and flavoring or coloring matters to make bulk. Will the thinking man pay for this bulk—this extraneous and often positively harmful excess of matter? Syrup and alcohol are both often injurious, and, anyhow, where is the ordinary common-sense of giving a tea or tablespoonful of an aqueous saccharine or alcoholic fluid in order to get the tenth of a grain of some supposed-to-be-active principle contained therein? Why not use the active principle itself and know what you are do-



The uterine soufflé is a blowing sound, synchronous with maternal pulse, heard in lower abdominal region.

The uterine soufflé is most distinct over the broad ligaments and often can be heard more plainly on one side.

ing. Untrustworthy medicine makes an unreliable physician; what do you propose to be—dependable or the other thing? If you would be positive, if you would attain positive and constant results, there is one and only one thing for you to do—use the active principles whenever and wherever you can. And when you cannot do so, you will wish you could.

Doctor, you would discard an "untrustworthy" watch, thermometer or horse in a moment because it has not been or cannot be isolated. If from want of thought you are still playing with the lives of your patients and with your own reputation and are giving medicines which are acknowledged to be unreliable, isn't it time you stopped? Each, of course, answers only for the harm he does.

If you are doing wrong, do right and leave the other fellow to do as he has a mind to until you can help us to teach him the better way. Don't you be "untrustworthy."



Winter discovers what summer conceals.



MEANING OF "ALKALOMETRY."

Some people raise an objection to the use of the word "Alkalometric," arguing that such a term means a "cult" or "school," evidently likening the expression to the terms eclectic or homeopathic. This is wrong—entirely so. Alkalometric means neither more nor less than: *following Alkalometry, or using the alkaloids and other active principles in measured doses. Metric*, or measured and *alkalo*, alkaloid, mean, when combined, *alkaloids measured* in definite quantity. To be an "Alkalometrist,"



The uterine souffle is due to flow of blood through enlarged arteries and may often be heard after delivery.

therefore, is to be one who uses the active principles in definite dosage. Call it what you please.

Alkalometry is the science of using alkaloids in definite (measured) dosage and what better term could be devised? The Alkalometrist is one who measures alkaloids or accepts them measured for him and gives them in definite dosage. Surely, if ever a word expressed a condition properly the word Alkalometric does. Alkalometric does *not* mean that a man belongs to a cult—there is no Alkalometric cult or school. The Doctor who uses the alkaloids is an unfenced, free-to-do-as-he-pleases, "regular" doctor utilizing the most perfect preparation of the accepted remedies—nothing more; nothing less.

True, from using potent and powerful remedies daily the Alkalometrist has come to have positive ideas about disease and its cause. He has also formulated certain methods of treatment which he believes are more effective than any others; but the "homeopath," the "eclectic" and the "allopath" can each and all be Alkalometrists if they will!

There are no "dogmas," no "doctrines" necessary to swallow to be an Alkalometrist; no man has to avow his belief in any principle or theory. All he has to do is to use his own good common sense and, instead of using fluids and ordinary extracts which contain, he knows not how much of a remedial principle, the remedial principle itself.

It is perfectly possible for a man to be an Alkalometrist and never use an alkaloidal granule; but we don't envy the man. To measure alkaloids is a delicate matter and they are so potent and active that the slightest variation in dose means everything to the patient. There-

Sometimes a uterine souffle may be heard in ectopic gestation and rarely in enlargements—fibromyoma.

fore, to simplify the practice, the alkaloids are ready and mechanically prepared in granules or tablets each containing the minimum effective dose as ascertained by years of experience. That each man could make his own granules after a fashion is, no doubt, true, but he would have to expend a large amount of money in help and machinery and even then it would be years before he could make even approximately perfect goods.

So Alkalometry occupies a peculiar position; the one fundamental truth each man who adopts the method must accept is that the best and the best only is good enough for the sick. If he admits this, then he must of necessity use the alkaloids, for they and they only are the true and real remedial agents. There is no rule as to dosage—no rule as to what or which remedy shall be given or how often, or anything of that kind. What the active practitioner finds to be true he tells, and advises his colleagues what to do in certain conditions; but they are free to do as they please.

The doctrine of intestinal antiseptics ("clean out and clean up") is not essentially alkaloidal it is true; this and other advance departures are simply good things—things which have saved a multitude of lives—and any man can use the alkaloids and never clean out to obtain an aseptic bowel, if he wants to. He will be an Alkalometrist but not the most successful one.

The difference is quite evident if thought is given the matter. The homoeopaths have their own colleges and their graduates have to avow their acceptance of certain doctrines. The eclectic has his own school and the physio-medical man his, but the alkaloidist has naught to distinguish him save his success, and

the graduates of each and every school can, "without let or hindrance," use and are indeed urged to use, no matter what else they may believe or do, the only positive, permanent and constantly potent form of medicines known—the alkaloids.

So far as dosage and the method of using the remedies goes, each may please himself, but the wise man will always be governed by the experience of others, which experience has led to certain well-known and definite modes of procedure which we recommended. That is all. You can be an Alkalometrist if you want to and—provided you can show us all something better than we have—you can entirely revise the present procedures.

Alkalometric procedure is the one method of medication which is founded on *results* and *common-sense*; the say-so of dead and gone "big-wigs" does not count an iota. The obscure country doctor gives aesculin in certain dosage and cures piles; he tells of his result and a score of other men try the remedy. They report and if they—or a large part of them also cure piles—others use aesculin and at the end of a year know whether that alkaloid will cure hemorrhoids or not. If it does, the best method of using it is announced and that is all there is to it. This merely as a sample of how ideas and methods tried and true accumulate.

No! "Alkalometry" does not mean anything but what it should mean—the giving of Alkaloids in measured doses—the quickest, safest, surest and pleasantest method for the treatment of the sick.



INTESTINAL ANTISEPTIS: FACT VS. THEORY.

Clinical Excerpts republishes from the
Transactions of the New York State



It is stated that the pitch of the uterine souffle is higher in normal pregnancy than in ectopic gestation or enlargements.

The sound of fetal movements can be heard about the fifteenth week and resemble thuds or tapping.

Medical Association a paper by W. Gilman Thompson on the Modern Treatment of Typhoid Fever. In this paper the distinguished author shows marked evidences of a disposition to read and try the newer methods. He repeats the ancient arguments against the principle of intestinal antiseptics, but begins to perceive that they are not directed against the real enemy, but a man of straw put up to be knocked down. In fact, he acknowledges what we have all along contended for, the real efficacy of the treatment; and seeks to explain this on the theory of antiferments instead of antiseptics.

Many a time and oft we have said we based our claims for the so-called antiseptics on the results following their use, and not on any theory as to their supposed method of operation. Our claim has been that they cure typhoid fever, not that they render the alimentary canal absolutely free from bacteria. But it has been easier for our opponents to make believe the latter was the point at issue and argue over it, than to meet the true condition.

Hence we welcome any evidence of a disposition to take up the real question; and refer our readers to Dr. Thompson's paper as quite worth study.



Positive persons are most often in error.



THE ANTIVACCINATION FOLLY.

The following item taken from the *Bulletin* of the Chicago Health Department hardly requires comment:

"Four cases of smallpox were sent to the isolation hospital during the week. None of these had ever been vaccinated. Two were colored persons, one of whom



The funic souffle is a murmur heard through the uterine walls synchronous with the fetal heart beat; it is rare.

came from Memphis, Tenn., a few days ago, and the other from Omaha, Neb., while in the eruptive stage of the disease.

"The other two contracted the disease from persons who in turn had contracted it from Ohnett, the 'Dowieite,' making twelve cases of smallpox known to have been caused by this anti-vaccination."

It's the same old story! Ignorance and fanaticism fill the pest-houses—and liberty-loving people "pay the piper" for things which should never have happened. But somebody is responsible for the widows and orphans. Who is it?



Hunger is stilled with food, avarice with nothing.



SCORE ONE FOR ANN ARBOR.

The following clipping from a current publication may or may not be true. We do not vouch for it:

Ann Arbor, Mich., March 17.—Berlin dispatches say the University of Michigan dental department graduates are exempt from the ban issued by the federal court there to the effect that no American dentist may open an office in Germany. The court says that American dental diplomas are a commercial commodity as a rule. It is believed here that the exception in favor of the University of Michigan was inspired by the emperor himself. In 1888 Dr. H. E. Parrshall, who had just graduated here, located in Germany, and soon acquired an immense practice. He was made the court dentist, and the emperor's belief in Michigan's ability to turn out skilful dentists is thought to be due entirely to his friendship with this Ann Arbor graduate.

Whether it is true or not we desire to congratulate Ann Arbor. Ann Arbor boys are "good stuff." We are from the same "mill" ourselves, therefore can speak feelingly.

The cervix presents purplish discoloration as early as the second month of gestation; it is also soft to touch.

LEADING ARTICLES

THE CAUSE AND CURE OF THE SECRET-FORMULA EVIL.*

THE DOCTOR EMANCIPATED.

BY W. C. ABBOTT, M. D.

THE MAN who reads periodical literature, and reads it well, is not apt to get rusty, but if he confines his reading to the text-books which served him in and have served since he left college, he is apt to find himself far behind in the race for success. Though medicine, like surgery, moves slowly for long periods, it now and then takes spurts, so to speak, and woe to the man who is not ready to gird up his loins and sprint with the rest! The venesection lancet prevailed for generation after generation. We ourselves can remember men who bled on the slightest provocation; and even to this day we hear, once in a while, a plea for the revival of this antiquated, much-abused and barbarous custom.

That there must be some good in a thing which attains and holds recognition for a prolonged period would seem to be a sound argument, but it is not necessarily so. Bleeding, to the man who knew nothing of the things which we know today, seemed to be a rational procedure; but it was through that lack of knowledge that he made his error. To do the same thing, with our further enlightenment, because it was done by our forbears, is utterly nonsensical—indefensibly so.

Medicine, more than surgery, has ever been hampered by tradition; the *ipse dixit* of "authority" has been accepted

and swallowed whole—head, hair, heels and hide—and without a wash; author after author has copied the opinion of the "authority" into his works as original (?) and through this many of the most ludicrous fallacies and the most puerile principles have been perpetuated and are even now constantly, seriously and thoughtlessly impressed upon the student as basal facts, when, in reality, they are moss-grown fallacies instead.

There was a time when the doctor either made or had his apothecary make his percolations, tinctures and infusions direct from the plant. These were the best things he knew of. At the same time he had some idea in his head as to the possibility of the transmutation of metals and an equally vague idea as to the functions of the human body.

Time passed, light was shed upon hitherto dark subjects and the reading, thinking doctor improved his methods of practice as best he could; but "authorities" were slow and loath to change, for by so doing they would admit their fallibility and be forced to revise or cease to profit by books that sold. So the Pharmacopeia and the text-books on materia medica and practice went along recommending the use of inert preparations and fanciful mixtures. After a time, however, the worst of these were omitted; but, to make a long story short, these standard authorities contain, today, many old-time precepts and formulas which the wide-awake, progressive

*This article is in place of "The Country Doctor" announced, which will appear later.

doctor does not (and no one should) use once in a life-time. He'd lose his practice if he did. There and precisely there is the beginning of the "secret-formula evil."

Aided by the change from pharmacist to "drug store," which took place about the same time, the doctor began to use certain ready-prepared remedies of formulas which he found more convenient, quite as reliable and more palatable. He had tried perhaps the plan of writing prescriptions for drug-store-made, official preparations and had been disgusted at the variable and, withal, most unsatisfactory results. He had sought in vain in his books for mention of the newer drugs or remedies which he knew gave results far beyond those obtained from the accepted preparations and, like Old Mother Hubbard, he found them bare.

The good old-fashioned apothecary shop passed away, the cut-rate drug-store, the department drug store and the patent medicine store taking its place, most of which, regardless of the rights of the profession and the welfare of humanity, dealt out secret nostrums and habit-forming alcoholic medicines with pushing persistency, and, with utter disregard of consequences, even went so far as to prescribe for those who were sick; even went further and put up for counter-prescribing, labelled and displayed in sight of all, some unusually effective prescriptions which their physician-patrons had given and which had been so dispensed time after time. Many had but slight knowledge of real pharmacy, but all had a great desire to make money, and their shelves rapidly filled with loudly-labelled preparations warranted to cure anything and everything at so much per bottle, and those

which were the loudest and the cheapest, and usually "our own" were pushed the hardest and consequently sold the most. And the doctor? Well, he also was led astray and to his shame prescribed the nice, ready-to-take secret nostrums which were advertised ("to the profession only") to cure so-and-so—even bought them by the dozen and dispensed them himself.

This was the beginning of the end! The doctor and the apothecary had severed their legitimate, time-honored, hand-in-hand relations. Each had now his own interests; the doctor, not having the time to compound, adopted such expedients as he could, becoming largely an agent himself, and the druggist put in a line of fancy goods with his secret nostrums, his "antis," his "our owns," etc. and through this and his counter prescribing drove a trade quite to his liking while the nostrum-maker, feeding in both fields, flourished exceedingly.

Thus were the interests of the kindred profession separated, each in turn being split into disagreeing factions—a regular jumble of unnecessary, unprofitable and withal unprofessional and unbusinesslike incongruity. On the side of the physician there was the old conservative man who swore by the past and the things thereof, and the later and perhaps less careful man who wanted to handle his cases with as little thought and trouble as possible and with at the same time as much profit to himself as the law would allow. Of course the man who prescribed ready-made "lagretto" for all his urinary cases and "bigonia" for his bilious people, and so on, was not apt to be a close diagnostician or a very startlingly original doctor; but it proved



The softening of the cervix progresses slowly till the sixth month: when inflammation is present it may be absent.

The cervix is shortened and the canal patulous during the last weeks of gestation; as *internum* small in primiparae.

convenient and so, alas, many fell by the way and became victims of the secret-formula habit, and contributed liberally to the graft thereof.

Others, however, were vaguely dissatisfied; they appreciated the weakness of the old methods and yearned for something better. While they were not in accord, the best they could do was to act as agents for the many manufacturers who, taking advantage of the situation, offered, in addition to their secret remedies, ready-to-take elixirs, pills, tablets, etc., of all the accepted formulas of commonly-used drugs. This, of course, was an improvement, but not quite what it should be, for the temptation to use lauded secret specifics (?) remained. Thus began the era, which, thanks to Alkalometry, active-principle therapeutics and practice, is now rapidly passing away, or, rather, merging into better things.

No thinking man of experience will deny that the large, reputable houses put out preparations which cannot possibly be equalled by the average druggist. On the effectiveness of these articles depends the very life of the house; and we have, today, concerns which standardize and physiologically test every preparation they offer, but the doctor who uses them (and who does not use some at one time or another?) *takes their word and gives, he does not quite know what*, and so the way is still paved for him to use the secret remedy which he sees so highly recommended, even though in that way lies failure and ruin. Success may attend for a time, but at last the physician becomes but a peddler of secret formulas and made-to-order remedies and his real professional light goes out.

In the nick of time, just when it became self-evident that the doctor must, to protect himself, largely dispense his own remedies, perhaps revert to old methods and compound them, came Alkalometry with its teachings. Nothing secret there; nothing hidden about the active principles. Each accepted remedy of vegetable origin owes its efficacy to the presence of one or more active principles and these, isolated and made into granules of a certain definite and standard strength, were offered to the practitioner.

Instead of using Fleming's tincture of aconite today and some worthless tincture from the shelf of the cut-rate druggist tomorrow he could use *aconitine*, the active principle itself, and he could use it in such a way that accidents were impossible—one granule of standard aconitine, gr. 134, given till either the physiologic or the remedial effect of the drug was obtained, and it was easy to combine with this one or more granules of digitalin or veratrine as necessity might demand. He had no varying strengths to puzzle him. If the minimum dose represented by one granule was too much he had but to make a solution and give a teaspoonful as often as necessary.

Every essential drug was offered him in this form. Moreover, as time passed, nearly every vegetable remedy was represented by its active principles, either alkaloid, resinoid or glucoside, with the result that the doctor could easily carry one to two hundred remedies, in good working quantity, in his pockets. For the convenience of the physician, cases were made containing from a few to a hundred or more vials and somewhere between the extremes every man could find exactly what he wanted.



Fetal movements are rarely more than a throb in the fifth month; in the sixth they are distinct to the hand.

If fetal movements are faint and uncertain the application of a cold cloth suddenly will cause quick response.

The perfect, protective, ethical method of medication had been discovered. There was no longer need of waiting at the bedside for medicines or of administering something inert or over-potent when it did arrive; no possibility of mistakes by sleepy or careless clerks; no sophistication or substitution; nothing undesirable—but the right thing at the right time and in the right place.

For example: The doctor is called; the case is urgent! A life is slipping away. Of old he hurried someone off to the nearest drug-shop to "ask the man" who might be "just out of the remedy," or might be sleeping, or might give a poorly-prepared thing which was useless. One hour to two hours later the messenger often returned either with no medicine or with a useless one, and who could tell that the latter was the case. No one, till the patient was dead—if perchance, even, he had not passed away while waiting.

Today the doctor is (or may and should be) master of the situation: He opens his case of active principles and there and then gives the one drug and does the one thing which will best start his patient on the right road, leaves whatever is needed and goes home with a clear conscience, and sure as to results. So far as lays in his power, he has done what could be done for the one who has trusted him with his life, and nine times out of ten he justifies that trust by curing the case—by aborting the attack in its very incipency.

It is a too-poorly recognized fact that the medicine which does the work is the amount which is absorbed less the amount eliminated during a given period. You may perhaps have given ten grains, but the effect which follows is from the

tenth of a grain or what not which is present in the tissues. Under different circumstances, more or less of any given drug is absorbed and eliminated so that it is impossible to say that such-and-such is the exact dose. Therefore, *give a small amount often till enough has been absorbed to produce the results you seek and that is "dose enough."*

The old-style preparations made this difficult or impossible. With the active principles it is possible to do this very thing exactly and constantly and, thank God, there's no secrecy about it—nothing but excellency, accuracy, honesty and skill, assuring certain success to him who knows what needs doing, and how to do it!

Until one comes to thoroughly know and to use the ready-to-hand active principles he cannot possibly appreciate their advantages. Those who use them express themselves as being "better doctors" by reason of them. They are! for they have learned to give the one remedy indicated by the condition and to give it till they either correct the abnormality or find it necessary to look deeper and add the drug or drugs or apply the treatment called for by the underlying condition causing the symptom. They become, of necessity, positive diagnosticians; they use positive remedies and they seek and get positive results. Thus they are of course better physicians than those who give a prescription which they have been told cures some name which is supposed to stand for a certain disease. Names cannot be successfully treated but morbid conditions can! *There is such a thing as specific therapeutics! not for named diseases but for physiological symptoms.* That's true specific medication!



Frequently no movements of fetus can be felt for hours or even days; this does not mean a dead child, however.

Contractions of muscles or gas in intestines may simulate fetal movements closely; palpate deeply.

From all of this it is evident that from the bad has been produced the best! From the old methods which failed of satisfying came empiricism; from this, secret nostrums and, with all, of course, quackery. The situation needed saving; to save it came the alkaloids, the active principles, substituting for what was a most unsatisfactory condition a most satisfactory condition—the means and the method for positive and perfect medication.

Alkalometry, active-principle practice, is condensed commonsense. Its general acceptance, which is inevitable, will sound the death knell of the secret-nostrum graft and will ring in the doctor's day with which comes the possibility of a united profession that shall clasp hands over the unwept bier of "isms" and "pathies"—a real band of doctors using real means and a real method in the treatment of the sick.

Chicago, Illinois.

FOUR CLINICAL NOTES ON APPENDICITIS.

BY BAYARD HOLMES, B. S., M. D.

THE abdomen is occasionally opened for appendicitis or for the drainage of a peri-appendicular abscess and the appendix is not found. This may happen when the appendix has been buried in thickened peritoneum or covered by adhesive bands, the result of old inflammation. On the other hand, it may result from the disappearance of the appendix in the natural mesentery of the cecum as a result of some error in the evolution of the peritoneal cavity. On several occasions I have experienced great difficulty in finding the appendix, and on one occasion, while operating for Dr. Frank X. Walls, I was unable to discover the appendix after most favorable and painstaking search.

On account of these experiences, which every operator remembers with vividness, every factor in the evolution of the peritoneal cavity ought to arouse the greatest interest, and every trace of the marvelous excursions of the cecum around the peritoneal cavity ought to fix the attention of the operator. We are all

grateful to George S. Huntington for the conclusive and orderly manner in which these excursions have been described.

During the past summer I operated upon a patient twenty-six years old in whom I found one of the rarer traces of the excursions of the cecum, and one of the more difficult positions from which the appendix must be removed. He was an artist in my employ, and a perfectly healthy, strong young man. He had suffered two attacks of inflammation of the bowels, one of which kept him in bed for two weeks. He had been at work for me for a couple of months, and as a part of his preparation for surgical drawing he attended all of my operations at the hospital. One night an emergency operation for a peri-appendicular peritonitis was performed in his presence. He was very much impressed by the history of the case, and the dangerous condition in which the abdomen was found. On the following day he insisted upon the removal of his own appendix.

In late months fetal heart sounds are heard below the level of umbilicus in head presentations; breech above.

The average rate heart beats of fetus in utero is 130, the range being from 120 to 150 per minute.

The ordinary examinations were made, and everything found perfectly normal except a moderate leucocytosis. After the routine preparation he was anesthetized with chloroform and the cecum approached by a vertical incision on the outer border of the right rectus an inch and a half long. There was no evidence of the old inflammation about the cecum; the cecum itself was short, reaching only a trifle below the ileo-cecal valve; the meso-colon was indistinguishable, if not absent. The meso-colon of the ascend-

appendix. It was thick, inflamed, and wholly destitute of a peritoneal covering except at its juncture with the upturned cecum. The cavity from which it was removed was packed with iodoform gauze, which hung out of the small incision. This gauze was removed upon the third day, and the patient left the hospital one week after the operation.

In my opinion this was a case in which the belated appendix had been caught behind in the retro-colic space and buried by the adhesions which occurred in early fetal life between the kidney, the abdominal wall, the colon, and the upturned appendix and cecum. This excursion is shown in the accompanying four diagrams from Huntington.

A PARTIAL APPENDICITIS.

The prime mechanical factor in the initiation of most cases of appendicitis is some defect in the valve of Gerlach, but occasionally an initiating mechanical defect appears in some other part of the appendix, thus initiating a distal appendicitis, while the proximal portion of the appendix remains perfectly well. Such a case as this was that which I operated on for Dr. Robert H. Babcock and Dr. Frank S. Churchill in March, 1903.

The patient was a woman of twenty-six years, who had suffered for four years from a mild neurasthenia. She had been engaged in a sedentary occupation with great financial care. On two or three occasions she had suffered severe attacks of abdominal pain, with nausea and distention of the abdomen. She was usually confined to bed for four or five days, but had never had a physician during an attack. The last preceding attack was at Christmas time, 1902. She was

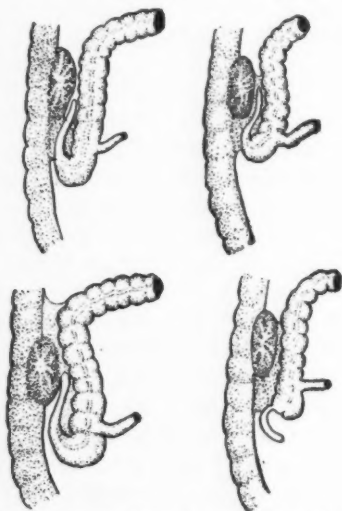


Fig. 2-5. Four positions of the appendix in the retro-cecal mesentery. After Huntington.

ing colon was broad; that is to say, the colon from the cecum cephalad was sessile. The ileo-colic and ileo-cecal spaces were empty and contained no appendix, but immediately behind the cecum, and ascending cephalad behind the ascending colon, and wholly covered by the two layers of the meso-colon, was a firm, hard, finger-shaped mass reaching cephalad to the kidney. This was carefully dissected out and proved to be the



It is alleged that males in utero have a slow heart (120 and below) females averaging 130 and over.

The heart rate of the fetus in utero varies at different times; it is slower when the mother sleeps.

examined by Dr. Churchill on the morning of the day of the operation, and found to be suffering from severe pain at the pit of the stomach, with nausea. He found the region of the appendix excessively tender, and while conducting a thorough examination he emptied the colon and denied the patient all food. During the day the patient's pain increased, the abdomen became tympanitic, the temperature rose to 101° F. and the pulse to 100. In slightly anemic blood her leucocytes rose from 8,000 in the morning to 12,000 at ten o'clock at night, when I first saw her.

After going over the very careful studies of the case made by Dr. Babcock and Dr. Churchill, and after examining the patient, I determined that there was every evidence of chronic recurring appendicitis, without abscess formation, and at the present time there was an acute attack, which is always dangerous in the sclerosed and unyielding appendix. I therefore operated at once and removed the perfectly free appendix, from which I made on the spot the accompanying sketch. The mesentery of the appendix was filled with enlarged lymph glands, the evidence of long-continued disease. One-half of the appendix was greatly enlarged, and covered with an edematous peritoneum, in which the blood-vessels were enormously distended. The proximal half of the appendix was of normal size, color, and consistency, and on section showed no evidence of new or previous disease. At the junction of the normal with the diseased portion there was a distinct spiral fold of mucous membrane, somewhat resembling that in the cystic duct, which was perfectly patent to a probe, but completely obstructive to the contained fluid.



The rate of heart beat is unquestionably different in large and small feti—the larger the fetus the lower the rate.

The patient sat up on the day following the operation and every day afterwards. She left her room and discharged her nurse at the end of a week.

THE AMBULATORY TREATMENT AFTER APPENDICECTOMY.

It is the duty of the doctor to cure his patient safely, quickly, and pleasantly. If we consider appendicitis as a clinical manifestation, and admit for a moment the relative improvement which generally



Fig. 1. Partial appendicitis in the distal end of appendix, with lymphadenitis of mesentery.

follows medicinal treatment, and the relative inconvenience and risk which attend surgical treatment with its absolute cure, we find that there is a moment in which the risk and absolute cure under surgical treatment overbalances the risk, inconvenience, and relative cure of medicinal treatment. When the surgical risk and the inconvenience from surgical treatment are sufficiently diminished, all the arguments for medicinal treatment disappear, and we may say every case of

The fetal heart rises as labor pains begin, slows as delivery approaches, and sometimes almost stops momentarily.

appendicitis should submit to surgical treatment.

The evolution of appendicectomy has gone through four stages. In the first instance perityphlitic abscesses were opened and drained through a large incision made in the edematous and distended abdominal wall, which was a part of the abscess wall. Fistulas frequently followed, or recurrence of the abscess made secondary operations necessary, or the long incision and protracted drainage made hernias imminent. Risk of life was great and stay in bed was protracted.

In the second instance perityphlitic abscesses were opened before they had become surrounded with thickened peritoneal walls, the abscess cavity was sponged out, and the appendix sought for and removed. These cases also required a long incision, drainage was protracted and resulted in adhesions and frequently in obstruction of the bowel, and in many cases hernias threatened. Risk was considerable and stay in bed protracted.

In the third instance the appendix was sought before the formation of abscess and removed through a long incision allowing free exploration of the cecum and ileo-cecal region. The intestines were frequently brought into the external world; the abdominal incision required a long time for suture, and the resulting weakness of the abdominal wall made the patient's stay in bed protracted, though the risk of life was small. Nearly all operators of fifteen years' experience have gone through all of these stages, and many of them, indeed most operators of today, are in this third stage.

The fourth stage in the evolution of appendicectomy is applicable to the great bulk of cases of appendicitis before the

formation of abscess. It seeks to inflict the least amount of traumatism upon the patient; it seeks to remove the appendix and mesentery without exposing any portion of the intestines except the end of the cecum, to which the appendix is attached; it seeks to cover every bit of denuded tissue with uninjured peritoneum; it seeks to at once restore the parietal wall to its integrity; it seeks to diminish the risk of anesthesia by a short operation, and in suitable cases by the use of local anesthesia; it seeks to minimize the inconvenience to the patient by allowing him to sit up and go about as soon as the effect of the gas or chloroform has passed off, and to leave the hospital and go to work as early as the removal of the superficial skin stitches will allow.

During the past year the technique for my operation of appendicectomy has been reduced to its simplest terms, and the experience which has followed seems to me worthy of presentation to this society. I have tried to carry out the indications recited in the preceding paragraph. My patients are as thoroughly prepared and as carefully examined for complicating conditions as the exigencies of the case permit. Most patients stay in the hospital twenty-four or forty-eight hours after the diagnosis has been made and operation determined upon, but acute cases are operated upon at once. The patient is given full diet up to the noon preceding the operation. A vigorous cathartic is given the night before the operation, and the patient is put upon a liquid diet. The abdominal wall is shaved and a soap dressing applied, which remains on all night. On the morning of the operation, and at least four hours preceding it, the colon is thoroughly flushed out; the patient takes



Feeble heart beats below 120 when constant, bespeak danger to the viability of the fetus in utero.

Do not forget that the maternal pulsations may be mistaken for the fetal heart beat by an untrained ear.

no food or drink during this time, and is kept in bed, and no disturbance from visiting friends is allowed.

When the patient is brought to the operating-room before the anesthetic is begun the abdominal wall is carefully scrubbed for at least ten minutes, and the surfaces rendered as sterile as possible by any one of the accepted methods prevalent in the hospital. Gas or chloroform anesthesia is induced. Personally I prefer chloroform. An incision, often less than an inch long, is made in the skin directly over the outer border of the right rectus muscle and parallel with it. The location of this incision is somewhat modified by the expected position of the appendix. As soon as the fascia of the external oblique has been laid bare the fascia is incised for a distance of three-quarters of an inch or an inch; the peritoneum is lifted up and cut for an equal distance. The edges of the peritoneum are held over the edge of the wound with artery forceps. The right index-finger is inserted through the opening, and its tip follows the ventral wall caudad to the crest of the ilium, and by a sweep the iliac vessels are brought against its tip. The finger is then brought cephalad until it feels the head of the cecum and the ileo-cecal valve.

By this maneuver the firm, distended, and erectile appendix is usually recognized. If it has not been recognized, the finger is carried cephalad and lateralward in the arc of a circle through the ileo-colic fossa, and then if the appendix has not been found, the finger is thrown over the retro-cecal fold into the retro-cecal fossa. And then if the appendix is not yet found, the finger is carried cephalad over the colon and into the ileo-colic, and last of all into the ileo-cecal fossa again.



This maneuver rarely fails to discover the appendix, and when once discovered, it is brought into the little opening and removed in the customary manner, of which nothing need be said. Occasionally it is necessary to bring the head of the cecum in view in the wound, but still in the peritoneal cavity, and dissect away a portion of the retro-cecal fold or mesentery in order to disclose the appendix. No sponges are placed in the peritoneal cavity; no instruments are used to injure the peritoneum of the intestine except when it is necessary to dissect away adhesions or bring the cecum into the wound with an artery forcep.

After the removal of the appendix the little opening in the peritoneum is closed with one continuous catgut suture. The fascia of the rectus and oblique muscles are brought together with one, two, or three catgut stitches. The fat is held together with one or two very fine catgut stitches. The skin is held in coaptation by two, three, or four temporary silk-worm gut stitches. The wound and the surrounding parts are covered with a large antiseptic dressing. Most of my operations for appendicectomy have required less than twenty minutes, although I never hurry or work to time. The patients are frequently awake before they can be gotten out of the operating-room, and they often sit up during the afternoon or evening following the operation.

The after treatment consists in two or three four-ounce enemas of magnesium sulphate, glycerin, and water, equal parts. The first of these enemas is given four hours after the operation, and the patient sits up on a chamber or slop jar when the bowels move. Most patients vomit after the anesthetic, but if they do not they are allowed liquid nourishment

• Suspect a woman who aborts without known cause of syphilitic taint and place her on specific treatment promptly.

Impress upon the woman who aborts, that pregnancy must not occur again within nine months.

immediately after the first bowel movement and every two hours afterwards as long as nausea is not present. Very few patients need any morphine to relieve the abdominal pain, which is usually in direct proportion to the amount of exploration or manipulation necessary. On the day following the operation the patient has a light diet, and his diet is increased from day to day. The day following the operation the patient sits up and even walks around, and after this time has the freedom of the hospital until the stitches are removed on the third or fourth day. The patient usually dresses and walks outside the hospital on the fourth day, and occasionally goes home before the end of a week. Very few cases of uncomplicated appendicectomy have remained longer than one week after the operation.

The following brief histories are given to illustrate the course of a few of my patients, and the following table gives the principal details of all my cases during the past year of which I have authentic records:

Mr. C. W., 26 years of age, had suffered for several years of severe abdominal pain, which was referred to the small of the back and pelvis, and was aggravated by standing, walking, and lifting. He attributed this pain to gonorrheal prostatitis, of which he had a severe attack, with abscess formation, when he was 19 years of age. The tenderness and pain were more pronounced upon the right side, and although there was never any attack in which he was confined to bed, he had a number of attacks in which there was a continued fever of 100° or 101° F., with localized peritonitis and some distention. The bowels were uniformly constipated, and

he frequently had attacks of mild jaundice, which was observable only in the conjunctivæ on account of his swarthy skin.

In December, 1903, I examined him and found a distinct rigidity of the right rectus, a tumor and area of tenderness in the region of the appendix, a slight jaundice, a pronounced indicanuria, and a moderate leucocytosis. The temperature at the time was a degree above normal, and the digestion had been disturbed by a long journey on the train. Two months later he came to the hospital, and was under observation for a week. During all this time he was about the hospital, and his temperature remained low, his urine free from albumin and casts except for a small show of albumin due to the gonorrheal discharge. The pain and tenderness, the tumor and rigidity of the right rectus remained, and the leucocytes kept persistently above 10,000.

February 26 he was prepared for appendicectomy. The skin was shaved and covered with a dressing, and on the morning of the 27th, after the usual care for the intestinal tract, the skin was infiltrated with a Schleich's solution and the abdomen opened. The patient took several drinks of whisky during the procedure, and suffered very little pain until the finger was passed into the peritoneal cavity. Although the appendix could be distinctly felt, it was so concealed that it could not be grasped with the finger and brought into the wound. The pain of repeated attempts to secure the appendix required the administration of a few whiffs of chloroform, when the cecum was brought into the wound, a slit made in the retro-cecal peritoneal fold over the stump of the ap-



Have the pregnant woman who has aborted before, rest a great deal; open bowels and watch every function carefully.

In threatened abortion (early) rest in bed, use of bed-pan for urination and no bowel motion for three days. Opiates.

pendix, which could be easily grasped with the index finger, and the appendix at once jumped through the opening into view. It was removed, the wound closed, the patient sat up the next day, and left the hospital at the end of the fourth day.

Mr. B. R., 27 years old, consulted me in January, 1904, for appendicitis, which had been diagnosed in repeated attacks by his local physician. As a young man he had suffered of a palmar abscess and very extensive suppuration in the arm, with pyemic abscesses in several other parts of the body. During the past six years he had worked very hard at scientific and literary investigations. He was suffering of a mild neurasthenia. His work was continually interrupted by attacks of abdominal pain, which came on soon after eating, and were unattended by hyperchlorhydria. In the right iliac region was a very palpable and tender tumor, which was protected by a firm right rectus muscle. Repeated examinations under the most favorable circumstances established this finding.

There was a moderate leucocytosis, no temperature above normal, and no evidence of disease of the kidneys. He was operated upon January 28 at the Wesley Hospital. An incision an inch long on the outer border of the right rectus was made, the appendix recognized and brought into the wound at once and removed in the usual manner. The peritoneum and fascia were closed with two rows of catgut stitches, and the skin held together with silkworm gut. The appendix had a constriction about half an inch from its distal end, and the mesentery was full of enlarged lymph glands. The patient sat up and shaved himself on the morning after the operation, at-

tended a clinic on the second day, was about the hospital the rest of the time, and left the hospital one week after his operation. He had liquid diet during the first twenty-four hours, a light diet on the two following days, and a full diet afterwards.

Initials.	Form of Disease.	Stay in Bed.	Stay in Hospital.
W. M.	Chronic recurring.	4 d.	6 days.
P. B.	Acute cystic.	3 d.	8 days.
E. G.	Chronic recurring.	12 d.	21 d.; suppurating skin.
F. F.	Perityphlitic abscess.	11 d.	21 d.; with nurse.
W. H.	Chronic recurring.	10 d.	15 d.; local anesthesia.
P. Be.	Acute exacerbation.	7 d.	7 d.; suppurating skin.
W. K.	After exacerbation.	14 d.	17 days; drainage.
M. S.	Chronic recurring.	21 d.	25 d.; fascia suppuration.
G.G.S.	Chronic recurring.	7 d.	8 days.
M. P.	Acute exacerbation.	4 d.	7 days.
M. C.	Acute exacerbation.	2 d.	4 days.
K. B.	Chronic recurring.	3 d.	6 days; drainage.
B. P.	Diffuse peritonitis.	14 d.	21 days; drainage.
K. J.	Chronic recurring.	3 d.	5 days.
P. S.	Chronic recurring.	1 d.	6 days.
H. R.	Chronic recurring.	1 d.	7 days.
E. J.	Acute exacerbation.	6 hrs.	5 days.
B. R.	Chronic recurring.	1 d.	7 days; walked around all week.
H. R.	Chronic recurring.	5 hrs.	10 days; outdoors after 7th day.
J. W.	Chronic recurring.	3 d.	7 days.
Mrs. M.	Chronic recurring.	10 d.	37 days; hysteria.
G. W.	Chronic recurring.	1 d.	5 days.
L. C.	Chronic recurring.	1 d.	6 days.
W. S.	Chronic recurring.	36 hrs.	6 days.
J. Y.	Chronic recurring.	22 hrs.	6 days.
J. M.	Chronic recurring.	46 hrs.	6 days.
J. McH.	Chronic recurring.	48 hrs.	6 days.
J. C.	Acute exacerbation.	5 d.	5 days; died.
J. W.	Chronic recurring.	1 d.	4 days.
J. B.	Perityphlitic abscess.	4 d.	32 days; two operations.

SYNOPSIS OF TWENTY-NINE CASES OPERATED UPON BY THE AUTHOR.

Of the twenty-nine patients in the hospital, eight remained more than one week, twenty remained less than one week, and one died of acute yellow atrophy of the liver. Of the eight patients that remained more than one week one was a diffuse peritonitis with extensive drainage, two were perityphlitic abscesses with drainage, two had accidental wound infection, and one remained thirty-seven days in a free bed on account of hysteria. Thirteen were out of bed in forty-eight hours or less, and six stayed in bed more than a week.



In threatened abortion give promptly hypodermic of morphine (gr. 1-4) and follow with rectal suppository.

Viburnin will be found (with morphine or codeine) the most useful drug in threatened abortion during first two months.

TWO DEATHS AFTER APPENDICECTOMY,
IN ONE OF WHICH THE AUTOPSY RE-
VEALED ACUTE YELLOW ATRO-
PHY OF THE LIVER.

The advance in surgical technique and the coincident improvement in methods of diagnosis bring into prominence accidents and dangers which were before unheard of or unnoticed. During the past two years I have had two catastrophes follow operations for appendicitis, in both of which the patients went through a course of symptoms ending very shortly in death, and comparable only to acute yellow atrophy. Whether this degenerative process was already established, or whether it was the result of chloroform anesthesia, I am wholly at a loss to decide. Both patients were young women, one of them twenty-three years old, the other twenty-six. Both were hard-working women; one was a trained nurse in the second year of her service, the other was engaged in office work, and had been under extraordinary strain. Both patients had suffered severe abdominal pain referred to the upper part of the abdomen, and in both cases it was almost as pronounced after the operation as before. In the case of the nurse the pain was most agonizing for three days before the operation, and had been paroxysmal for months; there had been a diarrhea the week before the operation, and the last paroxysm had lasted nearly twenty-four hours, and somewhat abated the day before the operation. In both cases I had the advantage of a blood count, and both patients had a moderate leucocytosis, 12,000 to 15,000. In neither case was there any evidence of nephritis or infection of the genito-urinary tract, and neither patient was or had been pregnant.

Both patients were rather plump young women, and the nurse was specially sturdy and strong, though of moderate stature. The nurse was a blonde, and the office girl was a brunette. Neither of them had ever suffered of any disease which had left a trace or had required a stay in bed. In neither case were the stools clay-colored and in neither case were leucin and tyrosin sought for or found in the urine. In both cases the delirium was inconsistent with the temperature and pulse, and in both cases the amount of jaundice was only moderate. In neither case was vomiting an early, conspicuous, or persistent symptom. The nurse vomited a few times before the operation, and was unable to retain anything upon her stomach. The office girl vomited profusely immediately after the onset of pain in her last attack, and again on the morning of the third day after her operation. In neither case was the appendix so obviously diseased as to explain the symptoms. In the case of the nurse the appendix was buried in the retro-cecal fossa by old, inflammatory adhesions, while in the case of the office girl an appendix, which measured exactly six inches after its removal, hung free in the pelvic peritoneal cavity by a rather long mesentery. The pulse in the case of the nurse went up rapidly from the start, and was followed by very high temperature and complete suppression of urine during the last twenty-four hours. The pulse in the case of the office girl was rapid during the first three days, and went up suddenly with only a moderate temperature, no suppression of urine, and no evidence of nephritis to the very last. In both cases the operation was done in less than half an hour, and under the most rigid antiseptic precau-



Chloral, the bromides and even cocaine (in suppository) are recommended in threatened abortion early in gestation.

The woman who threatens to abort should have her bowels moved with oil or glycerin enemata after third day of rest.

tions. Neither patient at any time showed symptoms of peritonitis, and in the case of the nurse the peritoneal cavity was proved at the autopsy to be sterile.

The nurse died at the end of the third day after operation, and six days after the beginning of the acute symptoms. The office girl lived five days after the operation. In the case of the nurse I had the assistance of Dr. Preble, who

made repeated examinations, and urged operation thirty-six hours before I could bring myself to undertake it. In both cases I had the advice of Dr. Preble after the unfavorable symptoms showed themselves. In the case of the nurse a most painstaking autopsy was made by Dr. Gideon Wells. An autopsy on the office girl could not be secured.

Chicago, Illinois.



PHARMAKOPHOBIA.

BY WILLIAM F. WAUGH, M. D.

DEFINITION.—Pharmakophobia is a disease that presents as its characteristic symptom an aversion to the employment of drugs in the treatment of the sick.

History.—This malady has existed in some form from the earliest antiquity, as constant an attendant on the medical profession as the housefly is on mankind. Of late its prevalence has increased almost to the dimensions of a pandemic, and the virulence of the attacks has likewise been enhanced.

Etiology.—The predisposing causes are ignorance, superstition and cupidity. The first named forms the nidus in which the germs of the disease find a congenial soil for their development. Ignorance of matters medical on the part of the laity is to be presupposed; but the most dangerous form is when this is found in the medical profession. It may be divided into ignorance as to the physiologic functions of man, of the pathology of disease, and of the nature and application of the substances and agencies employed as remedies. The combination of these three forms of ignorance gives

to the practice of the medical art an uncertainty that affords a favorable opportunity for the entrance of the germs of the affection under consideration.

Medicine began under the wing of superstition, and its earliest developments were in the temples. The priest was the physician, and began treating the ailing by means of prayers, fasts, the tying of knots, and other religious observances. In time some obvious applications of materialism arose, such as drawing out thorns, removing maggots from wounds, etc.; but there were employed apologetically, with a certain sense of heretical leaning on human aid and contemning the all-powerful aid of the gods. If the religious observances were complete, the faith sufficiently fanatical, there seemed to be no limit to the results obtainable, so that even in the earliest times the use of reason and the application of tangible remedies carried with it a suggestion of the irreligious, the atheistic. This impression still exists, and the disposition to rely on faith and prayer forms the basis of the modern forms of the malady under dis-



After threatened abortion has been avoided, the woman should keep on her back for at least ten days.

Watch those women who habitually abort and, before the usual time, begin treatment to prevent such an occurrence.

cussion; but fasting has fallen into disrepute or rather disuse, and the tying of knots has been totally forgotten. Possibly a diligent search among the cuneiform inscriptions, or in the Kabala, might recover this lost method, to the great advantage of the practitioners of the mental treating systems.

Cupidity seems to have been inseparable from heathen priestcraft. The pious frauds by which the faith of the devotee was enhanced did not add to that of the priest; but the latter appreciated at their full material value the offerings of grateful patients. It were irreligious to doubt that Æsculapius, or Mercury, or Apollo, could remove that thorn from the foot if it pleased his godship, and if it did not, then it were surely impious to interfere with his divine will by removing before he chose to do so. But he might decide to employ the hand of the priest as his instrument in its removal; and this removed the flavor of impiety from the proceeding. But even this concession has been eliminated in recent times, and the most strict of the sects claim that the thorn must remain until it is extracted by divine means alone through the medium of suppuration. Nothing is impossible if the faith is sufficient, and the faith is measured by the proportion of the patient's means devoted to the service of the temple. The complete surrender of all, means a cutting loose from all dependence on material considerations, and from such faith what may not be expected? But sometimes the devil has so powerful a hold on the individual that even this final offering fails. Or, it may have been withheld too long. An angry deity may not be appeasable. Be wise in time, place all you own upon the altar, and if

the deity is appeased and recovery ensues, spend the rest of your life in earning more money to offer in token of your gratitude. If not, the devil held a mortgage on you that was overdue.

This of course refers to heathen times. Nothing of the sort would be possible in this enlightened twentieth century.

Symptomatology.—The beginnings are insidious. Like the cigarette fiend, the victim is apt to be unconscious of the malady until it has advanced beyond the hope of cure.

Often the malady may be traced to a great disappointment, which unsettles the faith of the patient in drugs and doctors, and opens the way for the ingress of microorganisms of skepticism and quackery. Sometimes opiates have been prescribed to secure rest, and the patient has died in spasms. Or jaborandi is given to stimulate the secretions, and dries them up instead. Or hyoscyamus is taken with a view to its soothing action, and delirium results. These things tend to unsettle the practice of the physician, and he gets careless, or sinks into the innocuous desuetude of infinitesimals. He gets narrow, too, and limits his therapy to "salts to open and opium to close." And as people find that for a little headache, or other manifestation of autotoxemia and defective elimination, he always gives opiates, and locks up the secretions with the effect of a season of misery following, they become chary of employing him—and his finances become straitened. Then he blames the profession, or the common sense of the people, or anything but his own lazy ignorance.

Diagnosis.—The malady is easily recognized when the observer has become familiar with its cardinal symp-



The length of time which a missed abortion may remain in utero is variable, but debris has been removed after months.

Periods of amenorrhea followed by hemorrhages point to a missed abortion and call for emptying of the uterus.

toms. An unwillingness to be taught, an irksomeness when new ideas are presented to the patient's mentality, a certain resentment at the suggestion that he may possibly be improved in his methods, are characteristic. There is a distinctive odor present also, a druggy smell, of poppies mainly, with a flavor of rhubarb and iodoform. The facies is that of pessimism, of the unappreciated, the beaten in the race, with premature age. The gait is sluggish—and on foot always—the clothing ancient in cut and threadbare in texture.

Pathology.—The essential and distinctive lesion is sclerosis. There is a marked tendency to induration, beginning probably in the cerebral centers. The habits become fixed, the thoughts move in a narrow circle, and it becomes impossible for the consciousness to appreciate new ideas. The rut grows narrower and its sides precipitous.

Prognosis.—In many cases, when the affection has become firmly fixed it is incurable. There is here an atrophy of the cerebral cells, and as yet there has appeared no medicine which will rebuild new tissues. But frequently the cells are not as yet destroyed but simply encumbered with debris and weakened by lack of exercise, and then most notable results follow judicious treatment. The induration may be dissolved, the brain cells freed from encumbrances and restored to active operation, and the vital currents quickened. Much depends of course on catching the animal while young; though a young brain may often be found under a whitened head, supple and active, with remarkable powers of absorption and assimilation.

Treatment.—The management of these cases is simple in the extreme, and the

therapeutics, diagnosis and prognosis, elucidated by a single remedy. Place in the patient's hands a copy of THE ALKALOIDAL CLINIC, and observe him closely. If he fails or refuses to open the book and read, he is hopeless; if he opens it and begins to read, he will be saved. Sometimes persuasion will succeed in inducing him to read, but too often the induration has rendered the victim incapable of reasoning. Nothing more is required—the patient will himself apply the proper remedies to succeed the first. He will become familiar with the principal alkaloids, will learn the significance of jugulation, elimination, antiseptis, incitation, and the rest. The dark corners of his brain will be lighted up, the dormant cells stirred into activity, and a remarkable alteration in his appearance will soon be evident to the most casual observer. The weight of years will be thrown off, the light of hope and the fire of faith illumine his countenance, while his brow seems to broaden and heighten under the influence of new knowledge and the consciousness of power. He attracts people, and men somehow seem to feel a sense of security when their lives are entrusted to him. The change is often so great that acquaintances find it difficult to recognize the former patient.

This is no picture of fancy but drawn from life. The writer regrets that he has not time to prepare photographs illustrating these cases before and after treatment, but they show an unconquerable disinclination to refer to their previous condition, or have it brought forward. As one said: "Why bring up old unpleasantnesses? I don't like to think of what occurred in those years, of the people who died because I thought I knew it all."



Do not mistake a uterine hemorrhage due to ectopic gestation for an abortion—the results might prove fatal.

Do not consider that every abortion which threatens is inevitable; much can be done to prevent the accident.

In conclusion, let me ask as a special favor that the profession will refrain from naming this affection after the writer. There are too many eponymic diseases already, and he has no desire to acquire the variety of fame that attaches

to the discoverer of a new malady. Refrain, then, from denominating this as "Waugh's Disease," and let it be known by the distinctive and easily recognizable title given it in this paper.

Chicago, Illinois.



EDEMA GLOTTIDIS. A VICTIM'S EXPERIENCE.

BY J. J. SELBACH, M. D.

WHEN I read the interesting article which appeared in the January CLINIC on that rather rare and eminently fatal affliction indicated by the above title, which in such a curious form had recurred in a patient, a shudder went through me; I trembled: I myself had been at death's door with it! God have mercy on such as are stricken with the dread evil and no doctor near to save them!

Will the CLINIC readers condone a simple recital of my personal experience with the terrible disease?

In my family a peculiar predisposition to tonsillitis, probably gouty in character, is apparent: My father was troubled with it nearly all his life, almost year after year until his 73rd, when he had it for the last time. (He died at the age of 75 from another cause.)

Two of my sisters had attacks of severe form regularly every one to three years; one brother was frequently troubled with it, until a few years ago when I amputated his tonsils. Since then he had peritonsillar inflammations of a mild form from time to time, but has been free from them for quite a while now. Another brother had it occasionally and as I must judge from accounts received, probably died from a complicating

Edema Glottidis, after an apparently cured attack about four years ago.

But of all the family, it seems, I have had the worst of it! Year after year I had at least one attack, always resulting in suppuration. Some seventeen years ago, being a private student of the late Dr. Fenger of Chicago, I presented the matter to him, asking as to the advisability of tonsillotomy. "Of course," he said. But when I told him there was gold in my voice and that I might have to preserve it possibly in order to make my way, he mumbled, went around his library, "hm, hm," consulted numerous books, "hm, hm,"—"I don't know," he said, "better not have them removed; hm, I—don't know!" (I had told him that an old physician had warned my father that tonsillotomy would alter the singing and speaking voice.)

Well, I never made an attempt to coin the gold out of my voice, but I kept my tonsils until, twelve years ago, I had five attacks in one year, with at least one to three abscesses opening successively in each attack. Then I sacrificed one tonsil and a year later the other. After that I had quite a rest, only one *severe* attack on an average in about three years. Every severe attack, however, meant the opening or breaking of several



If bleeding is profuse and uterine contractions strong and os dilated, it is safe to consider abortion inevitable and act.

The main (and delicate) question for the physician is *when* to empty the uterus of the woman who threatens to abort.

tonsillar and peritonsillar abscesses and a good deal of suffering; ten to twelve days was the average time I was in the toils. But then, I was used to those things and a little (un) rest in bed rested me from work in practice.

And now after these lengthy *præmit-tenda* let us come *ad punctum puncti*; *revenons a nos moutons*, my attack of Edema Glottidis.

Something more than three years ago I was taken with another quinsy, did not, however, quit smoking nor exerting my voice, but soon found it becoming severe. Had my friend Dr. L. repeatedly scarify and lance tonsils and surrounding tissues. No use! The thing ran its course. After a number of days one abscess broke, then one on the opposite side, then again on the first side. I thought I was over it, even went to a party with my wife that evening and remarked to her: "Ah, I think I am getting over it rather easy this time!" However, as there was a constant discharge of pus and blood from the last broken abscess I returned home to bed rather early. During the previous day and that night I had taken something over a dram of potassium iodide, in an anti-rheumatic mixture. About 3 or 4 in the morning I woke up with a sense of oppression as though sandbags were piled up closely beside my chest. I roused my wife and asked her to telephone for Dr. L. as soon as daylight came, because I was a trifle scared. She having frequently witnessed the severe struggles I had experienced just before one of those tonsillar abscesses broke, quieted me and said, "Yes, I'll 'phone him." However, gradually I felt this pressure increasing and about 6 in the morning I said, "Please do call the doctor!" (By the way, for over

fourteen years I had not summoned a physician except once for a sort of a sunstroke.) "Yes, she said, but let us not wake him up so early, besides he will soon come up to the hospital anyway and I shall then stop him when he passes." As I live only half a block from the hospital this, of course, was quite natural. I waited patiently but Dr. L. did not come and meanwhile that oppression became greater and greater as though a load of sand had been dumped over and beside me. I called for the doctor frequently but she always quieted me thinking that it was nothing more than the distress from another abscess.

About 11:30 almost in a moment I found that breathing became well nigh impossible. Then the truth flashed upon me: "For God's sake," I called, "telephone for a doctor, I have an edema of the glottis!" My wife became alarmed and telephoned all over for doctors. None to be had! All except Dr. L. had left the hospital and he was just in the midst of a laparotomy. My boy was sent out for help, but before anyone could arrive breathing had become an absolute impossibility. I am a strong man and with my chest muscles in an effort of inspiration can break iron chains with ease, but the harder I tried the more absolute became the impossibility of getting air. In my night gown I rushed to the window, the nearest way to reach the hospital, trying to force a way through. But the double winter precautions showed me how futile the attempt. I had been without air for a few minutes and to reach the hospital alive was out of the question. No help came. My wife saw the frantic struggles at inspiration I made and noting the purple black color



Remember, that cases have occurred when the amniotic cavity has been ruptured and yet the woman has gone safely to term.

If the fetus in utero dies in early months the reflex symptoms and signs of pregnancy gradually disappear.

of my face, of course cried; but what to do?

I had then been absolutely without air for over three minutes and a sort of stupor began to steal over me. I sank down beside the bed and resigned myself to my fate, made signs to my wife that I would write, scribbled a few lines to my brother, waved her a last farewell and settled down to await the end which must soon be at hand. Her wailings and tears aroused me again: "Why!" it flashed through my brain, "here I am a young and strong and really healthy man, knowing just what I need, why can I not help myself? Is there no knife with which to force an opening into my larynx? Yes, there on the other side of my bed, there is a case of instruments, something must be in it which I can utilize!" With a supreme effort I rose, rushed around the bed and from the case grabbed a Volkmann's spoon, which I thrust down my throat to the epiglottis, and then I dug and scraped, and dug and dug,—never mind destroying tissues!—if I can ever speak again, if I can only breathe! Ah, what relief! Blood flows in good quantity, a tiny breath of air enters the lungs! I continued to dig, more blood flowed, more opening, more air! God be praised! I can heave a moderate breath—yes, I can breathe!

Just at that time Rev. W., whom my son had summoned from a few houses away entered, and seeing the blood streaming from my mouth, face probably still blue, became excited and after a few hasty directions from me rushed to the hospital to summon Dr. L. But he could not get him. However he pounded on the door of the operating-room, however his cries, "Dr. S. is bleeding

to death!" the answer only came: "Cannot leave, have my hands in somebody's abdomen, will send assistant."

By the time Rev. W. at last came back I had had another attack, just as severe as the first one, but this time I was not so frightened, for I knew what my Volkmann's spoon had done once it could do again and it did it. Soon Dr. L.'s assistant arrived and I dispatched him back to the hospital with the greatest of haste, saying: "Quick, Edema Glottidis! Tracheotomy!" He ran and came back with his master, while my hostler had brought the cutter to the front yard and I, still dressing, was falling into another attack. I again wanted to have recourse to my Volkmann's spoon, but they wouldn't have it—"but be sure and have it or something like it with you!" I whispered.

They lugged me off, I gasping for breath more and more at every step they took. At last we reached the hospital steps, but Dr. L. looking me in the face hastily pulled out my tongue with forceps and took a bistoury from his overcoat pocket, intending to make the tracheotomy out in the snow. I brushed him away and with a tremendous effort dashed up the steps but fell into the hall, where at once I was picked up and thrown on a bed in the next room. A pillow under my neck, a few cuts, which, by the way, I never felt, so glad was I that help was at hand (or was it CO₂ intoxication?), and "Ah, free breathing!" Out flies the blood clot I had inhaled, against a window 16 feet away.

The remainder is unimportant. Greatest care for a few days, gradual convalescence, with another rupture of a



When an abortion has taken place the physician *must* assure himself whether it has been complete or incomplete.

In going into the uterus to "clean out" after an abortion, use the most minute precautions as to asepsis.

few abscesses, which by their sagging, together with my use of the KI had probably brought on the Edema Glottidis, a moderate attack of rheumatism or gout, an amputation of the enlarged stump of one tonsil, and in six weeks I left the hospital to be at once right in the middle of the work again, now watching out for cases of "Glottenödem" in others.

Since that time I have had a few attacks of peritonsillitis, but have always been able to jugulate them by chewing

pieces of resin guaiac and taking a brisk cathartic. I have vowed I would gild my Volkmann's spoon, but have lacked the gold so far.

If the rather lengthy recital of this, my own horrible experience, will serve to stimulate the reader to uttermost haste if called in such cases, if it has succeeded in feebly picturing some of the inexpressible anguish that precedes death from asphyxia, my object in writing the article has been attained.

Eau Claire, Wisconsin.



LECITHIN AND ITS THERAPEUTIC USES.*

BY DR. MARTELL.

ORGANOTHERAPY, which was inaugurated in the middle of the eighties of the last century, was taken up again later on with the hypodermic injections of spermin. It did not on the whole answer the expectations formed about it. Organotherapy assumes the presence of specific substances in the bodily organs, which when lost, or diseased can be replaced, and thus enable the body to fulfill its functions. Organotherapy is, therefore, a specific therapy. In its study some important facts came to light. It became evident that every organ in the animal body had a definite part assigned to it, for the good of the entire body, and when the function of such an organ is lost, the entire organism may be so damaged that its very existence may be called in question. Certain reciprocal relations between organs came to light, as of the brain to the suprarenal capsules,

and it is well known that castration is followed not only by certain physical changes, but also by psychical changes.

Brown-Sequard's theory that every gland has a tonic effect is only restrictively true; for animal extracts which consist of simple albumin and globulin have only a dietetic effect, while nucleins and nucleoproteids effect first destruction (katabolism) and then construction (anabolism) in the organism, and thus differ in their true tonic effect upon it.

To understand the effects of organic extracts and how to use them we must first know their chemical relations of which our knowledge is yet small.

In 1890 Poehl of St. Petersburg discovered spermin in the testicle and recommended it as a remedy for the increase of cellular tissue activity, for that of muscular strength in neurasthenia, tabes and cachexia. Since then therapeutics has busied itself with investigating the juices of the central nervous system.

* From the *Wiener Med. Wochenschr.* Translated by Dr. Epstein.



Stypticin, ergotin and iron alum will be the three best friends of the doctor called to suppress hemorrhage due to abortion.

A good rule to follow in cases of abortion—curette unless the entire uterine contents have personally been seen voided."

Babes established the idea scientifically of using nerve juices for nerve diseases whether they be of endogenous or exogenous origin. He discovered, that the brain, and especially the medulla oblongata of the sheep contains substances which are effectual against the infection with rabies, against tetanus, epileptogenous toxins, alkaloids and other poisons. K. Paul, his pupil, obtained with injection of brain substance good results in epilepsy, neurasthenia, and melancholia. Hammond also obtained equal results in the same and in hysteria too, and Montagnon claims to have cured chorea with cerebrin in a few weeks. In the last two years remarkable progress was made in this line when certain French and Italian physicians succeeded in pointing out that substance in the brain and spinal marrow which is known as lecithin. [The word is derived from the Greek *lekithos*, the yolk of the egg.]

The first reports of the presence of a phosphoric fat in the animal brain and in the egg date from von Vauguelin, Valenciennes, and von Freny. This phosphor-holding fat Gobley in 1846 called Lecithin, and he was able to demonstrate it in a great number of animal tissues and fluids, in the brain, blood and semen. Dastre and Moret found it in the egg. Lecithin is widely disseminated throughout vegetation and is identical here with chlorophyll. It is found in yeast, and the yeast germ, in champignons, in the turnip, in *Lycium barbarum* (Rhamnus L.-buckthorn) in hay seed, etc.,—in short, everywhere that protoplasm develops the highest energy of life and growth.

Chemically, lecithin represents a combination of phosphoric acid with glycerin. When dried, lecithin is a white,

or slightly brownish powder. It is soluble in chloroform, benzine, benzol, carbon disulphide, ether, and fatty oils. It is not soluble in water, but swells up in it remarkably. When longer exposed to the influence of water there is a separation of cholin from it. Lecithin crystallizes also, but in inconstant forms. In the presence of bases it decomposes and forms glycerophosphates with these bases, fatty acid salts, and cholin. When heated, lecithin burns with a sooty flame and leaves behind an acid coal containing phosphoric acid. This is a very characteristic feature of lecithin. In the egg it appears in combination with albumin as a lecithalbumin. The method of obtaining it consists in producing it pure, i. e., free from egg fat, albumin and small admixtures of cholesterol. The obtaining of lecithin is connected with the names of Hoppe-Seyler, Diakonow, Serono, and Bergelt.

Lecithin is found everywhere in the animal organism, wherever tissues are in the process of formation, especially in young cells, yet never free, but always in union with albumins.

The main source for obtaining lecithin is the central nervous system, but less amounts are found in the blood and the semen. The brain has eleven per cent, of which the gray matter has two and a half per cent, the blood 0.24 per cent, the semen 1.5 per cent, and the yolk of egg 6.8 per cent. Our knowledge of the formation of lecithin in the animal organism is yet insufficient; we know, however, that its utilization in the organism, when it is administered, is complete, because neither itself nor its splitting products can be found demonstrated in the secretions; hence we must conclude that it is reconstructed by way of synthesis,



In inevitable abortion should nature be allowed to act or should the doctor "force her hand?" Circumstances alone decide.

The aseptic tampon should always be applied at once when abortion threatens and hemorrhage is free.

and certain investigations have shown that it is decomposed by the pancreatic juice in the process of digestion.

It can be said generally that the richer the cells are in lecithin so much the more vigorously will the vital processes of life play in them. It was shown that the cell nuclei of the young cells, whose proliferation is most lively, are richer in lecithin than the older cells, whose faculty of increasing had ceased. All more recent works on lecithin show that we have in lecithin a powerful factor in cell formation and consequently one in the upbuilding of the organism.

It is the great merit of von Danilewsky to have first pointed out the physiological importance of lecithin. He presented his observations in two theses to the Paris Academy of the Sciences in 1895 and 1896.

Danilewsky found that on the administration of lecithin to tadpoles their growth became extraordinary. Later on he showed that administering lecithin to warm-blooded animals subcutaneously had the powerful effect of inciting their bodily growth, improving their blood and the growth of their brains. Dogs treated with lecithin were mentally brighter and physically more strongly developed than the control animals. By reason of other labors Danilewsky came to the conclusion that lecithin has also a prominent activity in the blood-making process in the spleen and the bone marrow.

Danilewsky maintains, that the complicated processes of cell division, cell differentiation and cell metamorphoses are intimately connected with chemical processes which are taking place in the substance of the nucleus and protoplasm of the cells. And in these chemical changes

the phosphorus combinations (lecithin) and the nucleins take a great part. "The presence of these substances in the cell is of the greatest importance for the energy of growth and multiplication."

Desgrez and Alyzaki established the following facts in their experiments with lecithin: An increased excretion of nitrogen; a decreased excretion of phosphorus by the urine; a rapid increase of weight, which continues for some time after the ingestion of lecithin; and, in all cases, a marked influence on the nutrition.

Cesare Serono reports his own experiments, in connection with Danilewsky's researches on man and brutes in 1897 and again in 1900. (*Archives italiennes de biologie*. 427, fasc 3 p. 349; *Recherches sur les injections de Lecithin*, Turin, 1900.)

Serono used lecithin in dyspepsia, neurasthenia, anemia with diarrhea, hysteria, tuberculosis in the first and second stages, chlorosis, diabetes, nephritis, and chronic enterites, and his patients improved—some more, some less. He concludes with the following summing up of his observations: (1) Increase of bodily weight, in seven days 2 to 5 kilograms, after twelve days 4 to 5 kilograms; (2) lively appetite; (3) increase of blood's red corpuscles; (4) general improvement of the health.

The same results were observed by other Italian physicians, especially in neurasthenia, thus confirming Danilewsky's ideas.

Lecithin was administered both *per os* and hypodermically, and while the latter mode is theoretically the more correct one, inasmuch as it is not exposed to decomposition by the pancreatic juices, still the same good results were obtained

After the fourth month bleeding may continue in utero after tamponade; puncture amnion and pack uterus.

If you fear eclampsia, give saline freely and veratrine hypodermically at the first sign of trouble.

when it was given by the mouth. Used hypodermically the lecithin is dissolved in either sterilized oil, or in a physiologic salt solution; the dose is from 2 to 3 centigrams (gr. 2-6 to gr. 3-6). Given by the mouth the dose may be increased to 6 centigrams (gr. 1) as there is absolutely no danger in doing so.

The human organism is subject to two great laws, the law of "getting to be" and the law of "ceasing to be," *i. e.*, the laws of continuous construction and of continuous destruction of the bodily tissues and these are accomplished by the functional activity of these tissues.

This cellular activity is connected with chemical processes, for the continual metamorphosis of the cells is accomplished with the production and expenditure of heat, in that the tissues which contain phosphorus, the lecithin, are decomposed and then again reconstructed synthetically. This physiologic phosphorus (natural phosphorus) is a permanent part of every living cell, and serves not only for nutrition, but also for the fulfilment of the specific function of the cell to whatever organ it may belong. Every stronger demand made upon a cell, a complex of cells, or upon an organ, must, therefore, lead inevitably at the same time to a loss of lecithin. Then out of that loss there results further damage, *viz.*, accumulation of detritus, of cells and their decomposition products, in consequence of a changed cell metabolism, and hence a decrease of intracellular oxidation. And since lecithin is intimately connected with the nutrition and activity of the brain and spinal cord, and since there is a great increase of the phosphates in the urine in nervous and mental diseases, and since phosphorus appears ever along with urinary

phosphates after mental exertion, and moreover since nervous substance is the main location of the body phosphorus, we are therefore led to conclude from the presence of these substances in the urine that there is a loss of lecithin in the nerve centers. We have also to expect from that loss of lecithin there will result nutrition disturbances also in the nervous apparatus.

Armand Gautier maintains that in nervous activity it is the burning up of lecithin that forms the main source of the increased excretion of phosphorus. Since, therefore, mental and physical work go hand in hand with a decomposition of the natural phosphorus, we have then in lecithin an agent by which to restore the equilibrium which becomes disturbed in the complexes of the neurons. The disturbances produced in the neurons by irritation manifest themselves, if they are not equilibrated, in the senses of tire and exhaustion. In both cases we have conditions of intoxication; in tiredness there are an excess of CO₂ and other metabolic products soluble in water, especially lactic acid. Exhaustion, however, takes place when the oxygen in the neurons has been consumed. But the reduced intraorganic oxidation plays under such circumstances a very important part, for in consequence of a reduced tissue oxidation comes a reduction of tissue juices and the formation of lactic and other acids. Then these acids, which occur during strong muscular and nervous incitation and disappear if it did not last long, these acids may saturate the tissues, and not being neutralized or oxidized by the blood current, they will produce an acid intoxication.

(Concluded next month.)



Sleepiness, stupor, insomnia, excitement, despondency and dread of death are all pre-eclamptic phenomena.

Don't lose your head if eclampsia occurs; empty the uterus as fast as you can and give veratrine in massive doses. You'll win.

IODIZED CALCIUM IN CROUP.

BY WILLIAM R. D. BLACKWOOD, M. D.

THERE is a divinity that shapes our ends, rough hew them as we may." And never did a truer sentence influence anyone than this—for when Dr. Abbott sent me a small sample of Calcidin he had not the slightest conception, nor had I, that it would, in all probability, save the life of one so dear to me as to be the harbinger of a new departure in my therapeutic methods—methods which have been cemented by forty-three and more years of very busy professional life in many climes, and amongst many tribes of people.

Some years ago a fine baby who was called after me by his parents, who thought that life and death were in my hands, died from membranous croup, and that calamity has never disappeared from my eyes—I see it often in the darkness of the night, and I think of it in the light of the clear-skyed day. It was not my fault that the dear child went to its better home above, for God knows that I did my utmost in its behalf, as I have sincerely done in all my career in army or in civil life, but till we are more nearly omnipotent than we probably ever shall be we must accept the inevitable, and hang our heads in shame over our failures—failures involving the dearest and tenderest ties which bind together in indescribable love the lives and well-being of child and mother—of father and his darling baby!

I have been through four wars; I have on my body the scars of four wounds received in battle; I have suffered as not many men have done from want of

enough to keep body and soul together, all the while strenuously striving that the day be not lost for the honor and life of our glorious flag, but I am free to say that the worriment during the nights when I should have been resting was not comparable with the other at all—wars must stop sometime, but professional anxiety never ceases with the conscientious physician.

I dread croup more than any other malady. It is the horrible bane of the children's physician. Now in this statement I mean *croup*—not spasmodic laryngitis—the crowing, frightening terror of the mother; that trouble gives way at once to any good emetic, and just so soon as the stomach is emptied the youngster is all right (till next time, for this recurs, whilst real croup seldom does).

Just here let me define my position—*membranous* croup is not diphtheritic, and there is as much difference between diphtheria and croup as there is between ice-cream and brown stone—they have no relation whatever to each other. At the risk of being considered egotistical I say this: I have been in steady practice for more than forty-three years; I practiced under a preceptor whose business amongst children and women was unequalled in this big city; I have seen thousands of cases of both diseases, and I cannot reconcile the idea of their being identical in any shape or form. They are not so.

Diphtheria is an asthenic disease; croup sthenic. The membrane in diphtheria can be peeled off in patches and it



Always look out for injury to the tongue in eclamptic attacks; frequently it is injured and sepsis follows.

In many eclamptic cases fine choreic movements are apparent in the face; the eyelids flutter and eyes move up or down,

bleeds beneath the space thus uncovered, but the membrane forms again, and soon, too; in croup if we can get hold of the so-called pseudo-membrane we can haul it completely out of the trachea, and it never returns—the child is at once safe from suffocation and no hemorrhage occurs. Croup kills by asphyxia, want of air in the lungs; diphtheria by absolute systemic poisoning through toxins peculiar to the disease, and if the child gets over the primary danger, that of paralysis is threatening—it comes when least expected; no form of paralysis ever follows croup. The heart gives out in the diphtheritic trouble; it does not in croup. The membrane in diphtheria is grayish; but in croup it is white. The first is not very tenacious; the last is very much so. Diphtheria demands stimulation; croup the opposite. The first kills in a week or sometimes less; but the latter in a few hours very frequently, always in a day. The cough differs noticeably in the two; diphtheria occurs without any cough at all many times; croup never so. Croup is a disease of children, generally young ones; diphtheria comes to old and young. Depressants are good in croup—fatal in diphtheria. The pulse is low and weak in diphtheria; it is strong in croup. Many other comparisons can be made which are undeniable, and we might just as well call all white things alike (such as arsenic and chalk, quinine and salt, morphine and magnesia) as term the two diseases the same because each has a membrane.

Heretofore my reliance in croup was in aconite with jaborandi and expectorants, and steam by inhalation and maybe calomel in big doses. I have been fairly successful in getting my cases well, but I lost some in croup, although I have

been unusually successful in diphtheria under diametrically opposite treatment. I have never squirted in any diluted diphtheria or other such swindles and commercial fads and God helping me, I never will; I have watched many of my medical friends who do so, and if they reported their deaths under antitoxins as they do their recoveries there would be a calamitous upsetting of this shameful business.

My cause for inflicting this paper on my readers is that a few weeks ago Dr. Abbott sent me a small sample of Calcidin and next day my grandson had a terrible case of membranous croup. He grew worse fast. In desperation I gave him the new remedy and in fifteen minutes after the initial dose he was undeniably better—so much so as to cause me to continue its use. I never use up space in reporting cases. I simply say what I do in them, what came of it, and I leave the pathology and padding to others. Dr. Abbott says that Calcidin is almost as nearly a specific in croup as quinine is in malaria—he is away off; quinine isn't in it with Calcidin as a real specific. My own observations so far comprise only two instances, but I am after my friends and they bear me out in my opinion. All instances got prompt relief and ultimate cure under Calcidin.

My connection with the medical press for many years past has brought on a large correspondence, and through this and sifting the testimonials about this preparation I know that many of the writers are careful observers and thorough practitioners. They cannot all be mistaken or too enthusiastic; there is something of good in this arrangement. When enough comes along I propose to



In beginning eclampsia the *alae nasi* twitch and the mouth moves convulsively; the lips often are pulled to one side.

One of the preliminary signs of an eclamptic seizure is contraction of the pupil followed by wide dilation.

enlarge as to Calcidin. Meantime, my friends, try it. Surely we have enough trouble in securing results for good in this horrible disease. Get hold of any and all things which may do service, and so far as my experience goes with that quoted from others this to me new remedy is too valuable to neglect.

At our best we are terribly handicapped in membranous croup; therefore as Calcidin apparently cannot do harm, push it to the saturation point. Maybe through it the sky may brighten for a child otherwise doomed to a terribly painful death. What more distressing sight can be looked at than the prolonged suffocation of an infant—a drawn-out hanging, fit alone for criminals. Why should a dear and innocent baby be thus tortured? To me this new remedy is a tremendous advance on our hitherto limited range of therapeutic agents.

How Calcidin acts in curing croup I do not yet know. My personal experience is too small, and I have not noted the explanation of other observers. It may shrivel the membrane expeditiously, but whatever the rationale may be it acts with extreme promptness—the relief is seen in a few minutes. It evidently lessens spasm at once and modifies the dyspnea, and it does this in false

croup also. I do not know whether or not in some instances it ejects the membrane as sometimes occurs under other treatment, but these points will receive attention should new cases come along—meantime the literature of the remedy is, I suppose, already of some volume. The fact remains that relief is had at once—and facts are the main points in therapeutics anyhow. I shall try this product in diphtheria when opportunity offers—but I don't want opportunities if they can be avoided, for I detest touching a case.

I have for many years thrown aside the crude drugs for their specific alkaloids, such as the Abbott granules, and the fearful messes of teas and slops have gone for good. Who now-a-days wants to cram in a quart of coloring matter with its tannin and dirt in a case of intermittent?—nobody! He administers the salt as quinine, or another form, and under the small dose nicely disguised or hidden tastelessly in a capsule the sufferer is at once benefited and pleasantly relieved. This is my first writing for THE ALKALOIDAL CLINIC, but it comes through a sincere desire to urge others who do not know about Calcidin to try it.

Philadelphia, Pa.



ALKALOIDAL EXPERIENCE.

BY A. G. PARANDEKAR, M. D.

TREATMENT does not mean use of drugs promiscuously; but it means the proper use of right drugs. One drug is useful in various conditions, when it is used in right time, in right doses, in proper medium and

in proper pathological conditions. Take for example aconitine. To be of use it must be given in the very beginning of all inflammations; must be given in very small or massive doses, according to the strength of the patient



In eclampsia there is a preliminary stage in which consciousness and sensation are both lost.

In eclampsia clonic convulsions rapidly follow the initial tonic; they begin in the face and spread downwards.

and severity of inflammation; must be repeated according to the urgency of the case; and must be given in the solid or liquid form according to the condition of the absorbing surface. Atropine in the smallest possible doses checks inflammation and produces a very soothing influence; in big doses it checks secretions and produces a kind of delirium. Calomel, with proper medium, in very small doses stops vomiting and diarrhea (due to catarrh of stomach and bowels), while given in big doses it induces them both.

Then again, the efficacy of a drug depends upon the channel of introduction. Where rapidity of action is called for, the hypodermic method is the most effectual. It has two advantages: (1) comparatively smaller quantities of the drug are required, and (2) that smaller quantity acts with greater rapidity and efficiency. It has also two disadvantages: (1) the fear of pain, and (2) the possibility of sepsis; both of them are certainly insignificant. Pain could be removed by ethyl chloride spray, and sepsis by strict antisepsis. Thus aconitine, digitalin, atropine, morphine, strychnine, quinine and a host of others could be most advantageously given by the hypodermic method. But this method is unpleasant to the patients who can afford to engulf ounce quantities of most bitter quinine mixtures and make wry faces. Hence this channel must be reserved for emergencies only.

In our college days, we were taught that two or more drugs, having a similar action, acted better than one drug. And thus drugs are grouped together under designations—such as diuretics, diaphoretics, purgatives, nervine tonics, expectorants, bitter stomachics, etc. But we

now know it is a fallacy. No two drugs have essentially the same action, though apparently they seem to have. Digitalis and strophanthus are said to be heart-tonics and diuretics. But digitalis acts through the blood vessels, while strophanthus acts through the heart muscle. Digitalis is used when the heart is weak and the pulse is rapid and feeble. It contracts the arterioles and raises the blood pressure. There is a tide towards the heart and the heart beats vigorously. It fills completely and empties completely; the interval of time increases, and the heart beats in a minute become less and less till they fall to the normal. With the increased blood pressure, there is also increased diuresis. Strophanthus acts upon the heart muscle and increases its action. If we use strophanthus in the above condition, the heart instead of growing stronger will grow weaker. Strophanthus is appropriate in that condition of the heart where its muscles are weak and there is dilatation of its cavities. Consequently the beats are feeble and there is stasis at the periphery. Digitalis could be used in inflammatory conditions of the kidneys, but not strophanthus which irritates the kidneys (Shaller).

In some cough mixtures, one drug is used to lessen secretion, one to soothe the nerves, one to give tone to the tissue, one or more to moderate the action of these drugs and one to disguise their taste—which certainly means an unpleasant groping in the dark. Sometimes more than one drug is used with the idea that at least one of them will hit the mark. At other times, a correct diagnosis is not arrived at, and a list of drugs is poured in with the intention of removing one of the supposed causes.

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The convulsive stage of an eclamptic seizure may last seconds or many minutes; if the attack is long repetition is less likely.

In serious cases of eclampsia the temperature rises steadily—in fatal cases reaching 104° F. *plus*.

All this is certainly open-day burglary. It is a result of inefficient knowledge of disease and the action of drugs.

Disease is not a ten-headed hydra; every manifestation, every symptom has not a separate living. Hit at the root and the whole tree of ailments crumbles down. It is absolutely essential to make a correct diagnosis—not inferential but differential. Once we accustom ourselves to make a diagnosis by differentiation the task becomes very easy. Correct diagnosis is the first essential towards a successful treatment.

Next in importance comes the right knowledge of the action of drugs. It is not sufficient to have a hazy idea of their actions, nor is it desirable to know that aconite is a febrifuge, digitalis is a heart-tonic, podophyllin is a purgative etc., but we must know the *modus operandi* of each drug in small and big doses on the human body. We must know their seats of action; we must know their channels of elimination; in fact we must know their "ins and outs." All these points have an important bearing. Bryonia has its seat of action in the serous membrane, phosphorus in the nervous tissue, digitalis in the arterioles, and podophyllin in the hepatic cells. Aconite aborts simple inflammation and calcium sulphide, septic inflammation. Sulphur, arsenic and rhus are eliminated by the skin; cantharidin, atropine and asparagin by the kidneys; magnesium sulphate, calomel, and colocynth by the intestines; potassium iodide by the salivary glands, etc.; and during their elimination these drugs exert a specific action on the excretory organs.

Is it not incumbent on us to make use of these facts? It is not enough to know the primary action of each drug, but we

must know the sequels of that action. For example digitalin contracts the arterioles; that is its principal action. Consequently, the heart works slowly and vigorously, its muscle grows, the blood pressure is raised, the kidneys secrete more urine and pulmonary congestion is removed. Thus primarily it is a distant hemostatic, a heart tonic, a diuretic and a depletant. Next the arterioles dilate, the heart exhausts, and the brain congests, producing diaphoresis, exhaustion, and sometimes delirium.

Each drug must be studied properly and used to full advantage. Sharp-edged weapons are the most serviceable; similarly are the most poisonous drugs, but the holder must know how to wield them; otherwise he will cut his own fingers.

The more we become familiar with drug and disease, the firmer we believe in the efficacy of monogamy—if I be permitted to use the word with respect to the use of drugs. If we find one drug which covers a large field of symptoms, there is no reason why we should waste more material. Of course we must be well equipped with extra ammunition for all kinds of emergencies. We may miss the mark with one kind of shot, and must be ready with another to keep our prestige. A physician must be a good scout, his intelligence department must be very acute, and he must, like a shrewd commander-in-chief, push his force of drugs to the very seat of the disease—he must try to eradicate the diseased condition. It is no use simply covering the symptoms with hypnotics and anodynes; because they soon manifest themselves as soon as the effect of these drugs passes away. Of course anodynes



Sometimes eclampsia is ushered in by a total loss of vision; this, with headache, may be the first symptom apparent.

Postpartum hemorrhage frequently follows eclamptic attacks; this is due to the uterine inertia and should be guarded against.

and hypnotics have their own sphere of action. To completely remove a diseased condition both the physician and the patient require a good deal of patience. It is no use bothering one's self with names of diseases (they are useful so far as they enable us to remember the different parts of our body, the different structures of which it is formed, and the duration of the ailment—i. e., acute or chronic). Look to the pathological conditions. Names may change, but pathology does not. Inflammation is inflammation everywhere and at all times.

I must pay my tribute to the alkaloids and emphasize their importance. They teach us to be thoroughly conversant with their actions; they force us to make a correct diagnosis of the conditions in which they are to be used; they ask us to use them in the right and proper way—if possible singly and until effect; and lastly they help us to coax the medicines through the gate of the orbicularis oris without any distortion of the muscles of the neck and face—in fact they are so sweet to take.

Kolhapur City, Bombay, India.



PHYSOSTIGMA (CALABAR BEAN).

BY MALCOLM E. DOUGLASS, M. D.

CALABAR Bean, or "ordeal nut," is indigenous to that part of Africa along the old Calabar or Niger River, the Gulf of Guinea and some parts of Brazil.

The efficient element of the drug is the alkaloid physostigmine (or, as it is also called, eserine). It is a crystalline solid of a white or pinkish color, readily soluble in alcohol and only sparingly soluble in water. The dose is gr. 1-250 to gr. 1-67.

It has been found that the ordinary test-reagents for alkaloids are so sensitive for physostigmine (eserine) that the one-millionth of a grain may be recognized. The poisonous qualities reside in the seeds, especially the cotyledons. It has been ascertained that the leaves and stems are non-poisonous. As in the case with alkaloids generally, physostigmine combines chemically with acids to form salts which are more soluble than the alkaloids alone. The prep-

arations of physostigmine are the sulphate and salicylate.

Physiological Action.—Locally applied to the eye in solution of one grain to the ounce of distilled water, physostigmine acts first by contracting the pupil. It afterwards decreases intraocular tension and produces spasm of accommodation and myopia. There is often pain of a severe contractile character produced in the eyeball.

The first influence of the agent upon internal administration in overdoses, is, local—a sense of burning and irritation in the stomach with nausea, vomiting and purging. The salivary, gastric and intestinal secretions are all greatly increased. It stimulates unstriated muscular fiber, producing, in the intestinal canal, increased peristalsis. There is general inactivity, prostration, cold, pallid skin and muscular incapacity.

The evidences of the action of this agent upon the nervous system are not



After abortions, when much blood has been lost and uterus does not contract well, give ergotin in full dosage for some days.

If it becomes necessary to give intrauterine douches (post-abortion) use a double-current glass catheter and mild solutions.

marked. No pain is produced and the consciousness of the patient is usually retained. Probably from deficient oxygenation of the blood, there is vertigo, which may finally induce narcosis. There are ultimate paralysis and temporary tetanic convulsions. There is abolition of motor reflex.

The arterial tension is at first lowered, then increased, the heart is slowed. There is a reduction in the number and force of the pulsations. The influence seems to be entirely upon the muscles of the heart through overstimulation of the cardiac ganglia, and not through the central nervous system. The heart finally loses its power to contract, is flabby, and fails in diastole.

The respiration becomes slower, is shallow and feeble, and finally ceases; the heart continuing to pulsate with increasing feebleness for some little time after respiration has ceased. The blood is loaded with carbonic acid gas, and the corpuscles are altered in their character.

The general muscular relaxation from physostigmine is most marked. Small, long-continued doses induce feebleness and indisposition to muscular exertion. By full doses, tremors of the voluntary muscles are induced, and finally complete muscular paralysis. The muscular structure of the walls of the intestines is sometimes affected by tetanic spasm, followed by complete relaxation and paralysis.

The mind may continue clear. The influence, at first stimulant, is finally motor-depressant; abolition of reflexes appears with finally paralysis of the motor nerves, more slowly occurring.

This agent is quickly absorbed and

readily eliminated through all the emunctories.

According to some authorities, Calabar bean is useful where there is torpor, inactivity, atonicity of the intestinal canal, and of the organs of digestion and appropriation, or where, from lack of nerve force, there is deficient secretion, dryness of the mucous membranes, deficient glandular activity with dry and hardened feces.

It increases the contractility of the muscles of the bladder walls and of the uterus. Altogether, a motor-depressant in large doses, in small, medicinal doses it has a contrary influence.

The agent may be given internally to allay the tension induced by extreme nervous irritation. Convulsive disorders from irritation are allayed by it, but it is not in general use for this purpose.

It has been used in tetanus, in epilepsy, and in convulsions from all causes; also in locomotor ataxia, in chorea and in progressive paralysis of the insane. Its influence has not been such as to justify dependence upon it in these cases.

In medicinal doses, also, it stimulates the respiratory function and heart's action where there is great depression with difficult breathing and a sense of compression or constriction of the chest, with soft, feeble pulse, cool moist skin, and, usually, dilated pupils.

It is the remedy for the dyspnea under such circumstances. It is also advantageous where the dyspnea is caused by a clogging of the bronchi and air cells without power to expel the thick, tenacious mucus. It will liquify the secretion and increase the power to expel it.

In emphysema and in asthma with

To give ergot in cases of abortion before the uterus is thoroughly emptied is nothing less than malpractice.

The removal of the uterine contents in abortion cases should be done under anesthesia and with every aseptic precaution.

great muscular relaxation, in bronchitis with dilatation, it is useful. It restores tone in phthisis and overcomes night sweats of that disorder. It may be of advantage in dilatation of the stomach, and in atony and extreme inactivity of the intestinal muscular structure. In intestinal catarrh from this cause it is of much service. It is also valuable in catarrh of the mucous linings of the kidneys and bladder, and in extreme atony, relaxation and plethora of the abdominal structures. It will assist in overcoming chronic constipation and a tendency to flatulence in atonic cases.

It is useful in tympanites and flatulence present during the menopause, where there is atonicity of the intestinal walls and constipation. In the condition known as phantom tumor it has been used advantageously.

Its chief usefulness is in diseases of the eye. When mydriasis has been induced by atropine or other agent, a solution of the sulphate of physostigmine (eserine) will quickly restore the eye to its normal condition. Any adhesion of the iris which may have occurred as the result of inflammation, may be broken up by this agent. It is used to reduce intraocular tension, as has been stated already, and to increase the power of the muscles of accommodation; being valuable in paralysis of these muscles. It is useful in conjunctival inflammations where perforating ulcer threatens to permit prolapse of the iris. It is especially advised when ulceration without determination of blood is present. It is useful in intermittent strabismus, in glaucoma, asthenopia, photophobia, and in some cases of neuralgia of the eyeball. After injury to the eyeball many

conditions may occur which will be promptly relieved by this agent.

Baltimore, Md.



THE "CORN" QUESTION.

Shall the doctor remove it or suffer the opprobrium of having it said that "He can't even cure a corn?"

Patience and perseverance are needed; fifteen minutes to two hours on each foot for one to three sittings may be required. Wet each corn with cotton dipped in equal parts of alcohol and chloroform, which softens it a bit, and stops the hurt. Then layer by layer, carefully peel it out, going deeper and deeper until the last particle is removed; go for them, every one—if one little point is left, tell your patient to return, for it will grow again. It is hard to decide when you have it all. I have learned to depend on what the owner of the corn says when I press on the place. Such relief as it gives from the very first day recommends such an operation. For soft corns between the toe a little powdered salicylic acid does the work.

I cannot conceive of any preparation going to the bottom of a really hard corn; the knife is the only thing for it. Cutting or rubbing off the top may give relief for a time but the root of the thing remains. To prevent growth keep oiled with glymol, with saltpeter added. Dress after removal with oiled absorbent cotton and cover with a little bandage of waxed paper.

I would be thankful for any further suggestions of anyone's experience. I have had to dig corns and experience together.

M. M. MICHAEL, M. D.

Waterloo, Iowa.



In emptying the uterus utilize the sterile finger to separate membranes and shreds; it is safer than the curette.

Rarely in loose-skinned women, striæ are not produced by pregnancy but some will usually be found on close search.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ORIGIN AND TREATMENT OF CANCER. THE ACTION OF CHELIDONINE.

IN a previous number of the *CLINIC* I have referred to the use of Chelidone for cancer. There came to hand from the same source another article on the subject, which I am glad to put before our readers.

The Clinical Society of Chelsea has recently devoted most of its meetings to the consideration of the Nature and General Principles of the Treatment of Cancer. Dr. Johnathan, head of the Statistical Service stated, that the average mortality from cancer in Great Britain has risen to more than 25,000 deaths in a year. It is a fact that from this affection every million of inhabitants loses yearly 672 men, and 975 women. In the female the predominant tendency of these neoplastic tumors is to affect their genital organs. If we subtract thoroughly from the general total of all cases of cancer those which affect the reproductive organs (ovaries, uterus, and breasts), we get then a notably smaller rate of mortality for the female sex. Thus we find the mortality due to non-genital malignant tumors for the four years of 1897, 98, 99 and 1900 to be 645 men, and women only 568 in the million. Another interesting fact is, that in recent times cancer has become more frequent; its fatality has grown more rapidly, passing the number 760 from 1860 to 1870, and reaching up to 1,500 from 1891 to 1900, i. e., doubling the number.

Mr. Mitchell Banks searched for the cause of this increase of cancer, which is reported not only in England but also in other countries. The cause he thinks is modern alimentation, which is generally abundant and consisting in great part of flesh.

In considering the progressive increase of the number of cancerous neoplasms we cannot incriminate the hygiene of the present time, because it is superior to what it was in the past, nor can we incriminate syphilis and alcoholism since their effects are altogether of a different kind. When however we consider the present alimentation we find a great difference between it and what it was in the past; our contemporaries consume much, very much flesh. When we recall to mind the looks of the patients we have treated for cancer, before and even during the treatment, we will have to admit that their looks were generally not those of animals lacking in plumpness. For the most part they are individuals who look well, whose tissues are well adiposed, whose complexions seem to indicate flourishing health. "Cancer," said Dr. Moor, who is a specialist in this disease, is a disease of persons who were in good health up to the time when they became affected, and whose vigor seemed to promise a long life. During the last twenty years importation of meat from foreign countries became quite con-

siderable. Many inhabitants who in the middle of the last century ate meat but once a week, eat now meat every day, and the richer classes two and three times in twenty-four hours.

"It is discouraging," said Dr. Payne, "to see that the material amelioration of existence should have as a consequence the probable favoring of the development of cancer."

Mr. Pearce Gould thinks that sooner or later cancer will be curable. It undergoes sometime a spontaneous regression, manifesting a natural cure. Many authors have observed ameliorations of variable duration. Mr. Gould mentions one case of complete recovery. A man came to him to consult about the cancer of his upper jaw. He removed it, but two months later the cancer recurred. Not having any useful treatment to offer, Mr. Gould sent the patient to the country. After seven months the patient came back perfectly cured, without the least trace or sign of cancer about him. Now it must be mentioned, that thorough histologic examination was had of that case and it showed cancer, not to mention the fact of its recurrence, so that there can be no doubt that the tumor was malignant. Nature, therefore, can cure cancer, and we may yet discover the mechanism which she sets to work to accomplish this.

A (Astley?) Cooper writes, that it is unnecessary to say that when the surgeon finds himself in the presence of a tumor which he can remove totally together with the involved lymphatic glands and without much risk to the life of the patient, that he ought to remove it without delay and all at once without losing precious time in trying this or that other treatment. It is only in in-

operable cases that it becomes logical and wise to try some new remedies. But in operable cases the cancer patient will be glad to run some risk and to bear some pain if he has the least chance of relief.

During the last ten years many eminent surgeons have drawn attention to the different modes of treatment, which are indicated in the following:

Inoculation with the streptococcus from erysipelas.

Injection of Coley's toxins.

Injection of anti-cancerous serum.

Ovariectomy.

Treatment with thyroid.

Extracts from lymphatic glands.

Treatment with x-ray, and Finsen light.

Injection of various irritant substances and products of aseptic suppuration.

Electricity.

Medicaments.

None of the mentioned methods, except that of ovariectomy, have given results good enough to continue them. Medicaments give the better results, and among them the alkaloids holding the first rank are quinine, conduranguin, and chelidonium.

Chelidonium majus (Celandine) has in the East Indies a great reputation in the treatment of cancer, and was first recommended in Europe about thirty years ago. Recently attention was called again to this remedy by the publications of Dennissenko and other Russian physicians. An excellent resumé of the work of these physicians appeared in an article by Spirack in the *Therapeutic Gazette*. Spirack collected sixty cases treated with this remedy in the same way by fourteen physicians, thirty-three of which have shown improvement and twenty-seven did not.



Remember, that a metritic uterus may be mistaken for a gravid one. If history of metritis exists, make full examination.

In enlargement of uterus due to metritis there is no varying of its consistency and cervix is not softened.

Now a medicine that gave more or less amelioration to more than half of the cases, some progressing to almost entire cure, whether apparent or real, is certainly not to be disdained in a disease so desperate as this one is. And so we cannot urge enough on practicing physicians to try chelidone in these cases.

The stomach supports the chelidone very well, and the penciling with it over the tumor provokes only a slight smarting of no long duration, while its injection provokes sharp, smarting pains, general weakness, chills, fever (100.4° to 102.2° F.), but all these symptoms disappear by next morning. From the very first day of intense treatment the cancerous complexion disappears, the tumor begins to soften and melt away. At the end of a few days there begins the formation of fistulæ around the point where the needle of the syringe was inserted. After fifteen to twenty-five days the diseased tissue sharply separates from the healthy one which seems to retreat, and the tumor, diminishes to half, or in some cases it disappears entirely. Robinson reported to the Therapeutic Society a case of inoperable cancer completely cured with chelidone. Finally Kraisky employed it in four cases of cancer of the eyelids and face. In two of these cases he got amelioration and in two the cure of tumors.

The calming and easily hypnotic properties of chelidone, which is to be preferred to chelidone because producing the physiologic and clinical effects more promptly, fits it for use in pains of the stomach, intestines, in gastric ulcer, enteralgia, etc. The two qualities of chelidone, (1) hypnotic and (2) as a specific against the diathesis, recommend it doubly in cancer of the stomach.

An interstitial fibroid may simulate the pregnant uterus, but there is no history of amenorrhea and other signs are lacking.

Finally in cancer of other organs its employment in granules of two milligrams (ab. gr. 1-33) given in progressive doses may assert itself against the diathesis, or at least moderate its invasion of the organism, restrain the development of the neoplasm, procuring at the same time relief, though temporary yet welcome, and a prolongation of life more or less, for which the patient will also be grateful. The published observations up to this time encourages the hope, that the proportion of cures will be quite noticeable.

Chelidone can be given internally in 2 milligram granules five times a day to begin with, and may be raised to ten times or twelve times a day when the limit of tolerance will be reached, and the battle with the cancerous diathesis will then have to be fought. In gastralgias, enteralgias, and the like, where the object sought is only the calming and hypnotic effects the dose will not have to be raised. In the treatment of children too, chelidone recommends itself in preference to opium and its alkaloids.—*Rev. Therap. des Alkal.*, April, 1904.



CANCROIN THERAPY.

Since in therapy many remedies and procedures are recommended, it pays to ascertain the negative results also, proving the sad truth that true specific remedies are rarely found for any disease. More than a year ago I reported in these Gleanings Prof. Adamkiewicz's cancroin therapy, which consisted in inoculating the brain of a cancerous animal with infected brain matter, which Prof. Adamkiewicz called cancroin. He thought he had



When in doubt as to the existence of fibroma or pregnancy examine frequently; the pregnant uterus grows fastest.

discovered the cancer bacillus, etc. Now Dr. Wagner reports that he has followed Adamkiewicz's procedure, but with the precaution of sterilizing the cancerous matter before inoculating the animal's brain with it, and the matter from *that* brain was neither virulent, nor did it heal the cancerous tissue in which it was inoculated; when the initial cancerous matter was not sterilized and an animal's brain was inoculated with it, then the pus bacteria formed in that brain the virulent cancrain (?), but this did not heal the cancerous tissue.—*Wiener. Med. Wochenschr.*, No. 10, 1904, p. 426.

Apropos of cancer. I translated last year from a French periodical an article about chelidonium in cancer, and there were two provers reporting about it, one north, and another south. I would be grateful to hear from them again. As I said before, a negative proof of a remedy is also valuable.



TENIA IN DOGS AND CATS.

A very interesting article on Tenia in which some new information is imparted, is one given by Dr. L. Rosenberg before the society of Internal Medicine and Diseases of Children in Vienna, Feb. 18, 1904, and reported in the *Wiener Med. Wochenschrift*, p. 427.

A girl, thirteen months old, passed several joints of a tenia which was diagnosed as a *Tænia cucumerina*, or *eliptica*. Enemata of garlic were said to have carried off an entire tenia with its head. Four weeks later other joints were passed. They were 1-2 mm. (about 1-25 inch to 2-25 inch) wide by one cm. (2-5 inch) long. When fresh they were intensely rose-colored, active

in movement, and left a bloody reddish trace on a white surface, while becoming discolored themselves. This rose color originated from the eggs which are so tinted.

This *Tænia cucumerina* or *eliptica* is the typical tenia of the dog and cat, and that little girl from whom the tenia joints passed played much with a dog. In the human being this tenia occurs comparatively rarely and then almost always in children. In 150 cases of children from whom Dr. Rosenberg had expelled tenia, this was the first *Tænia cucumerina*, or *eliptica*. The cure was effected with the extract of male fern, from which the doctor says he never has had the least unpleasantness, but he gives it in small doses, and sees to its speedy evacuation. This child received gr. 15 of the extract. To smaller children the doctor administers the extract by a stomach tube.

It is well to know that this tenia may be found in cats and dogs in great numbers at one and the same time in the same animal; 200 and 300 is not a rare case. One author speaks of 2,000 in one animal. In man, however, this tenia occurs single, according to Leuckart (the great authority on helminthiasis), or in small numbers at the same time. In the child referred to, ten perfectly-developed tenia came away. They are from six to ten inches long, and with their rose-red tint have a pretty appearance. The head of this tenia is very small, about the size of a poppy seed, with a trunk-like rostellum and about sixty hooks arranged in three rows around the rostellum. The development of this tenia was ascertained by Leuckart. Its eggs become smeared over the animal's hair, then they are eaten by the dog louse, in



In all doubtful pregnancies catheterize, as a distended bladder may simulate the gravid uterus. Examine per rectum also.

In soft fibroid there may be a souffle present and vagina and cerix may be darkened; look for fetal signs to distinguish.

which the cysticeroids become developed, and when the dog licks his hair he swallows the louse and the teniæ become free in the stomach and develop fully in the intestines.



DECAPSULATING THE KIDNEY.

Experiments were made on animals by Dr. B. Asakura of Japan. They are as follows: (1) The changes in the healthy kidneys after decapsulating one or both are essentially slight. (2) The animals bear well both the operation itself and its after effects, remaining in apparent good health for months thereafter. (3) The decapsulation is equally well sustained by the animals when their kidneys were previous to the operation subjected to an artificially produced acute disease. (4) The operation wound between the surface of the kidney and the fatty capsule shows a very lively tendency to heal if the operation was performed on a healthy kidney, but the healing process is not so rapid when the organ was previously made sick artificially. This fact seems to indicate that decapsulation would not hasten the cure of a nephritis, especially that of an acute form. Still it can be asserted that the operation does have a certain good influence on the diseased process.—*Ibid.*, p. 436.



RESORBIN-MERCURY.

Am I mistaken in believing that the mercurial inunction cure for syphilis is not generally practiced in this country? Why is it? With the precaution of an astringent mouth-wash and ordinary care against inclemency of the weather, it is the best treat-



ment we have and the one disturbing digestion the least. But you may not like the gray ointment because of gossiping or for other reasons. Well, I can recommend you Resorbin-Mercury, that acts just as well as the "old gray-hound," and is far more elegant. Dose, gr. 45, *pro die*, rubbed in morning and night.—*Wiener Medic. Wochenschrift*, No. 36, 1903.



A CASE OF ACOUSTO-OPTICAL SYNESTHESIA.

The case is of special interest because the observing person is herself a physician. Helene Friederike Stelzner (Graef's Archives, L. V. 3). The author associates, since her youth, specific color perceptions with those of tones and sounds. The tone A produces the sensation of gray, and that in different shades, according as the vowel is pronounced more clearly or obscurely. The tone E produces the sensation of snow white, L—shining red, O—brown, U—deep black, Ei—yellow, Eu—blue, etc., etc. Sounds (noises) produce color sensations that are like these produced by vowels; thus, for instance, does the sound of the discharge of cannon produce the sensation of black—(U), the clattering of the discharge of small arms produce the sensation of gray—(A), the beating of a drum that of brown—(O). Auscultation of the lungs, in normal breathing produces the color of transparent gray; bronchial sounds that of brownish; the heart sounds darkish. Musical sounds evoke in the authoress variegated colors; with every tone and accord a color sensation is evoked. In striking the lowest to the

Ectopic gestation, cysts, ascites and obesity, hemotemeta—or even flatulence—may simulate the pregnant uterus.

The duration of pregnancy increases as a rule with each child up to the ninth, then there is a decrease.

highest octaves of the piano there are evoked at first brown colors which pass over into red, and then into yellow-brown and then to purple. The tones of the flute produce various shades of blue.

Aside from this seeing of tones there are also other synesthesias (consensations), thus hearing of colors and seeing of tastes, seeing of odors and seeing of pains. The consensation of tones and colors can be explained by a union of the optical and acoustic centers. It is also possible that fibers from the subcortical center (floor of the rhomboidal fossa, fourth verticle), instead of going to the temporal lobe of the brain go to the occipital lobe, and evolve there an adequate irritation of this sphere of sight sensation.—*Wiener Medizinische Wochenschrift*, No. 51, 1903, p. 2436.



BARIUM CHLORIDE AS A HEART REMEDY.

Chlorbarium was in times past much used as a medicine, which however became utterly neglected in modern times. A monograph, Barium Chloride as a Heart Remedy, by Dr. H. Schedel, with Preface by Prof. Kobert, Stuttgart; published by Euke, 1903, calls attention to the blood-pressure increasing and the pulse-rate-reducing effects of this remedy. Schedel gives a history of the remedy first, and then the results of his experiments on animals by administering it *per os*, hypodermically and by direct application of the remedy to the exposed heart. In large doses up to toxic effects on animals the remedy plainly showed increased blood pressure and pulse rate

reduction. The author then tried the remedy on himself, and administered it to a large number of patients, with very gratifying results. Doses of two to three centigrams (gr. $\frac{1}{3}$ to gr. $\frac{1}{2}$) twice daily produced increased pressure and considerable reduction of the pulse frequency. The pulse became stronger and its tension noticeably greater. The effect lasted usually three days. The remedy had its effect where digitalis failed. The effect of chlorbarium was like that of digitalis both on the heart muscle and on the peripheral vessels. The author therefore, recommends the reintroduction of the remedy in practice, as equal to and ever superior to digitalis in heart diseases. [I can corroborate the above from mine own many years' practice since 1859.—GLENER.]



Trachoma is said to be beneficially influenced by the x-rays both in preventing palpebral cicatricial contraction and greatly mitigating the resulting pannus. It is painless.



From the *Ophthalmological Clinic of the Marburg University*, I glean the following very useful local anesthetic: Acoin, 0.025 (gr. 5-12); cocaine, 0.05 (gr. 5-6); solution of common salt, 0.75 to 5.0 (gr. 11 $\frac{1}{4}$ to gr. 75 water). The solution is apt to decompose and should be made fresh every three days. It can be used in larger and smaller operations. Where hemorrhage is expected to trouble, a few drops of an adrenalin solution is added to each hypodermic syringe-ful. This solution is preferable to that of a strong cocaine solution because it does not produce such large swelling as the latter.



The woman who rests a great deal has usually longer gestation than the woman who is constantly active.

The difference between the longest and shortest gestation recorded is 63 days—272 to 275 days is the average.

MISCELLANEOUS ARTICLES

LOCOMOTOR ATAXIA.

IN the current number of the CLINIC there appears an editorial on Locomotor Ataxia which is so gloomy in tone that it might be well to brighten the picture somewhat. Up to a comparatively recent date, its terrible progress has been irresistible, but now by the use of the x-ray and static electricity, the disease is almost certainly arrested and many bodily functions restored. Dr. Wm. Benham Snow of New York City has treated at least twenty cases with uniform success. These cases presented all the typical symptoms of the disease. Some of these cases I saw, and, as I was studying Dr. Snow's methods, personally treated them in his office. That was one year ago. Today I saw one of the cases again in Dr. Snow's clinic. His improvement has been constant; he has worked every day, coming only occasionally for treatment. Other cases show the same improvement and arrest of disease. The Doctor read to me a letter from a physician in Georgia who suffered from a severe type of the malady; he was now very much better, and had arrested the disease by the use of the arc light.

Other electro-therapeutists are reporting cases, all with about the same results. Personally we have two cases under treatment, both women. One had most of the classic symptoms. She could not walk across her room in the dark without falling; suffered the greatest pain. At the time of her consulting me, in August, 1903, she was on the point of giving up her business. Improvement

began at once; she has not lost a day from business, pains are gone nearly, she walks with greater ease, never falls, and is buoyant with good spirits. We expect to continue treatment indefinitely and hope to permanently arrest the process. The other case was in the very beginning of the prodromal stage, and has almost discontinued treatment regularly.

The treatment of these cases consists in the application of the wave current (static), a strip of block tin two inches wide and fifteen long being placed along the spine, next the skin, the upper end connected with the positive pole of the machine. After twenty minutes of this treatment, sparks are applied to the spine, legs and bottoms of the feet for about ten minutes. This treatment every day for two or three months, then every other day, finally once a week. The x-ray is often used in conjunction with this treatment every other day, the tube ten inches from the back, one day the upper part of cord, the next the lower part being exposed to the ray.

Dead nerve cells can never be restored to life hence a case which has progressed very far cannot be fully restored to health; but in almost every case a permanent arrest of the process may be expected.

H. W. BARNUM.

Poughkeepsie, N. Y.

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We do not take a really gloomy view of locomotor ataxia, but we do realize that the profession at large is entirely

at sea as to its treatment. We are at present associated with some other gentlemen in a series of experiments looking towards a cure for this condition, and so far our methods have met with very satisfactory results.—Ed.



REGENERATED AFTER FORTY-EIGHT YEARS OF IT.

That is a good long time to put in peddling pills, parading up and down the country, seeking some form of fell disease to combat. To go back to my first practice I'll have to hark back just sixty years. One Sunday my father, mother and their "sisters and their cousins and their aunts" went up to the beautiful Des Moines by sail and oars to attend church in Farmington, Iowa, leaving myself, the eldest hopeful, two smaller female cousins, a three-year-old brother and a darky nurse girl of about twelve. My own age was something past seven. My father was practicing medicine and had inadvertently left a bottle of *vin. antimonialis* and a box of pills on the bureau in plain sight.

Well! The hereditary instinct was strong and resistance, in my case, decidedly weak. I quickly got to work; cornering the black girl, with a broomstick in one hand and three pills in the other, I soon had the boluses where they would do the most good. Shifting to the liquid refreshments (?) I began on the small kinsfolk with teaspoonful doses of wine of antimony. As in such cases an ounce of example is worth pounds of precept, I boldly swallowed "dose about" with the kids, till I began to feel the first faint rumblings of a great internal eruption. I laid away the munition of war where I had found them and gently laid

me down on the floor and resigned myself to fate for the next hour or so. When the family returned along about 3 p. m. they found the young doctor (?) with a pretty sick family on his hands. All recovered and my first experience was a pronounced success.

Dr. Allison, in the April CLINIC, page 420, gives the latter-day accoucheurs a well-deserved hiding, only he does not lay on the lash half strong enough? My little experience of forty-eight years, with more than two thousand deliveries, has resulted so far, without the loss of a mother from any cause connected with the puerperium. I never set an obstetrical forceps in my life, never practiced asepsis, never had an original case of septicemia, never lost a case of eclampsia gravidarum, or puerperal eclampsia. In all my long practice I had just three cases when it was absolutely necessary to use forceps. In each case they were used at the earliest practicable moment. Each resulted in a dead fetus, laceration of the uterine neck and of the perineum. The mothers made uneventful recoveries. Both were primiparae. Can the modern records approach this showing? I think not!

I have cured a long-standing case of gallstones, in a multiparous widow, some sixty odd years old, with the alkaloidal treatment. She has had no trouble for over a year. I ordered last week, from "headquarters" another supply for a more recent case, a younger matron and expect to make a cure. Am having splendid success in treating my wife for rheumatism, with deposits about and stiffening of the phalanges of the extremities. Am using Calcalith for a solvent, Salithia and saline laxative as eliminants; the results are exceedingly



It is held that a fetus born before the 150th day cannot be viable; may live at end of seventh lunar month.

The longest gestation reported is 336 days. All so-called "protracted pregnancies" are open to question.

gratifying. Nuclein has protean uses to which it may be put with marked benefits.

I have just recovered from a three weeks siege of the "Russian scourge," with a severe attack of bronchitis "on the side." Calomel, podophyllin, aconitine, atropine, emetine, hyoscyamine, Calcidin, strychnine arsenate, nuclein and quinine all figured in "knocking out" the invaders. My wife has enjoyed (?) two weeks of the same and under much the same treatment is slowly convalescing.

One of the pleasing episodes of the late winter was the complete routing and cure, *tuto, cito et jucunde*, of a typical case of pneumonia. Georgia W., age 9, was taken with a hard chill, sthenic right lobar pneumonia. March 5 the pulse was 130; temperature 105° F.; respiration 50, short and stabbing. Characteristic cough and sputa. The tongue was heavily coated and the liver torpid. I gave calomel and podophyllin followed by a saline laxative; for four days, alkaloidal defervescent, emetine, strychnine arsenate, and antithermoline with cotton jacket superadded. Good nursing with every dose of medicine "on time" enabled me to discontinue visits on the sixth day. Additional medicines sent twice subsequently brought the little one "up standing" in short order.

If the "new order" of medical men would cast their prejudices to the winds and look into Alkalometry "yust a leedtle" they would soon be in a position to thank their stars that they had a "little sense left." My sands of life are nearly run out. Still the axiom holds good, "once a doctor always a doctor." I wear no man's collar and am free to speak my mind pro or con as occasion

seems to demand. The Alkaloidal system is only the old galenical system with its inert matter shucked off and thrown away.

A. J. BUCKNER.

Peakesville, Mo.

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Your medical career, Doctor, certainly commenced with a burst of enthusiasm, as it is closing with success. And we will guarantee that your latter-day patients enjoy the remedies you use now rather more than those first ones did the wine of antimony.—Ed.

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GOOD WORK BY A GOOD FRIEND.

My Dear Doctor Abbott:

Your favor of the 26th duly received together with your Therapeutic Digest for which please accept my most hearty thanks. A similar work received at the meeting of the Æsculapian Club was passed over by me to my friend Dr. Jenks, who is also interested in Alkalometry.

I have also to apologize to you for several unanswered communications for which I have no other excuse to offer except that of a busy practitioner. So far as the "band wagon" is concerned, while you may have missed me as an direct attachee for a dozen years or so, I wish to say that I have not been out of the wagon since 1890.

For some years I patronized our good friends, The Metcalf Co., Boston, and later my nearest neighbor, a druggist, who by the way having had occasion to call me professionally soon after I came here, and whose family physician I have been ever since, became acquainted with my interest in and success with Alka-

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Only use the curette in abortion cases to remove matter which defies the finger and streams of water.

In abortion, during fifth or sixth month, it is often necessary to use dilators or Barnes' bag to empty uterine cavity.

lometry, consulted with me as to selection of stock and put in a very good supply about two years ago, since which time he has supplied me.

When I came here seven years ago, Abbott's alkaloids were unknown and I was dubbed alternately a "granny" and a homeopathist because I used "the little pills" but they soon learned I was not a homeopathist, and later learned that the "granny" had success.

If you would look back to that time you would see that I sent a paid-up subscription to THE ALKALOIDAL CLINIC for several doctors in —, many of whom have since been constant subscribers.

When I first came here, not a physician used your alkaloids and possibly knew not of them. Today every physician in town uses them to some extent and my druggist carries not less than \$300.00 worth in stock. He will tell you that no three physicians use as many as I, but all use some, so you will see I am not a deserter. I carry not less than 50,000 granules in stock all the time and have used not less than three-quarters of a million since I have been in this town and I am pleased to say that I am ready to compare death records with anybody in or out of the state.

Ah, but they say "Dr. R. doesn't have the hard cases." Well he *has* been fortunate. They don't get hard with Alkalometry! It is seldom I can diagnose a disease. It don't get far enough along if I am called early. A few years ago I remember a patient came to me with a skin disease. He said to me, "Doctor, what is this?" I told him I did not know, but thought I could help him and accordingly prepared medicines. He passed from my sight for a while but re-

appeared, saying, "Doctor, I have found out what that was and I believe, if I tell you, you can help me for you did me more good than all the rest," and then informed me that a certain physician said he had "dermatitis." I told him that so long as I know what it was I thought I could help him, and—strange to say—I did. That's what's in a name (?). Some patients think if a doctor doesn't attach a name to a disease he doesn't know what he is doing, but I prefer to cure a patient without ever finding out what ails him. That is one of the beauties of Alkalometry. I treat fever as fever, and if it never assumes a specific or distinct type, I am so much the better pleased.

If now and then a patient dies, as sometimes one will, I manage to find a name sufficiently technical to satisfy the mortuary record. The size of it is, I have depended almost absolutely upon the alkaloids in bedside practice for more than a dozen years and as I never carry less than fifty single drugs, I rarely find a case the conditions of which I can not meet.

The Alkalometrical selection of judgment, the dosage of accuracy, the application of intelligence, written directions and a faithful usage, relieve one of the doubts attached to the dispensing of drugs in other forms and generates in one an ever-increasing faith in himself while winning the confidence and esteem of his patients by his constant success.

I will not seek to engage more of your valuable time at this writing, but will ask you to find check herewith for three dollars to be applied to my subscription for THE ALKALOIDAL CLINIC.

Hoping I may have the pleasure of meeting you when you come east in June, and having the advantage of you



In all cases of abortion—early or late—explore uterus with finger the last thing to see that it is empty.

Remember, that eclampsia is more frequent in primiparæ and have such women's urine examined every month during gestation.

by being able to recognize your face at sight, I take the liberty to send you mine under (another) cover, and beg to remain, with high esteem,

C. H. R.

—, Massachusetts.

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To be busy, so busy one really hasn't time to answer letters, is a good excuse provided he be busy Alkalometrically; otherwise, and but for the latter fact, I should not pardon you. Well, joking aside, let me hear from you now and then. I know you are a worker and "the harvest is ripe;" keep your sickle moving.

I note your arrangement for supplies. Anything is satisfactory to me that is straight business and pleases my friends. You certainly have been a pioneer in your locality and I want to assure you I appreciate it. The man who practices Alkalometry gets all kinds of criticism from those about him, but it usually comes from the profession, so-called, and not from the laity. They are quick to catch on. I believe with you that the man who practices Alkalometry and knows how to use (pardon the apparent egotism) Abbott's granules, will write fewer death certificates per 1,000 in his practice than any other, and will make more dollars into the bargain.

Of course the Alkalometrist "don't have the hard cases." He don't let them get hard, that's the point! Who cares whether we can diagnose disease or not if we can diagnose conditions and prevent the explosion called disease!

That skin disease episode is interesting, indeed. Well, we have to cater to the people; we have to name things; we have to call little things by big names and in all sorts of legitimate ways to put

their minds at rest and get them psychologically *en rapport* with the doctor, for in that condition, unquestionably, we can produce best results. It is true in medicine that the mind is largely the master of the man.—Ed.

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SHAMEFUL EXPOSURE: NAHUM HAINES.

I am credibly informed by two respectable medical men of this city, that, without any consideration for my feelings, you published my last letter in the CLINIC; well knowing that it was not "dressed up" for any such exhibition. Are you not ashamed at this time of the year to take a child of my brain in its night-clothes (it was written after bedtime) and expose it to the unfeeling scrutiny of your two million subscribers? Am I to believe that, void of all regard for etiquette and the sacredness of private communications, being short of "copy" and reckless of consequences, you seized upon that letter of mine and used it as a "space filler?" If so, the fact that you hesitated and refrained from defiantly sending me a copy of that month's issue leads me, being charitably inclined, to think possibly you had some compunctions and are not altogether bad (though I have my doubts), and that perhaps, under different circumstances, you might have been another man.

O, that almighty dollar! How many regrettable deeds it has caused men to commit; I almost wish you had got it—and—burnt it.

I have never seen you, sir, and I am glad of it, for it might lessen my willingness to forgive you even as I would be forgiven; but you will remember I told you that if you did not let me alone I

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Eclampsia is more frequently in very young primiparae, or the opposite—those under twenty and over thirty-five.

It is not unusual for eclampsia to occur in the one woman twice, but after one seizure it is well to be suspicious.

would tell you the story of *Nahum Haines*. When I was a boy I knew him well; he was a tall, spare, middle-aged, big-boned, dark-complexioned and very hairy man, noticeably thick through the chest. Much of his manhood life had been spent at sea on board whaling ships. On his first voyage, when about twenty-two years of age, he went with a captain who had just married and was going to take his wife; the three were all from the same neighborhood and well acquainted, therefore the captain made it part of Nahum's duty to look after the comfort of his wife and assist her about such chores as she might desire.

It was a three years' voyage to the Pacific, and in about one year the captain's wife gave birth to a fine boy and soon after died; the boy lived, and the captain relieved Nahum from all other duties on condition that he kept the cabin in order and took full care of the child, which was fed on goat's milk, the captain having shipped a couple of goats for this purpose.

Nahum was fond of the baby and it thrived finely; but often, in the night, would get fretty and squall lustily, which made the captain use language; so one night when the language was extra strong, Nahum, who always had the baby in his bunk, thought he would try what the nipple would do. It was just what the little rascal had wanted; he cuddled right down to it and went to sleep, and so did ever after. In a few days Nahum had peculiar sensations in his breasts and found that milk was coming from them; soon the supply was abundant and the little chap refused the goat-milk. Nahum continued to nurse the boy until the ship returned to New Bedford, which, having been fortu-

nate, it was able to do in considerably less than the expected time, and, the voyage being ended, the captain took the child to its grandparents.

Nahum, feeling bereaved and desolate, did not care to make the next voyage with the captain, as he wished him to, but returned to shoemaking, at which he continued until the longing for a breath of fresh air took him to sea again; and so for many years he would work awhile at the trade, then off to sea again, never wholly content with either.

Such was his story as I heard him tell it one noon time to a group of his shop-mates; as he concluded, he said: "Now mates you think that's all a yarn, I know you do; but look a'here." He threw open his woolen shirt front, and putting in first one hand, then the other, scooped out, just as women do, a pair of large pendant breasts that would have been ample for any woman of his size, which was greater than the average of men.

The men gazed in blank astonishment at that broad, hairy chest and those remarkable breasts; then, as the bell called them to work, one after another turned away with some peculiar remark, but no one was impudent, for Nahum would have been a hard customer if enraged.

I know Nahum Haines to have been as truthful as the average man; I heard him tell the story; I saw his breasts, and I believe they must have been fully capable of performing their function if the proper stimulus was applied.

You closed your last letter with "May we not hear from you again?" *You have!*

Philadelphia, Pa. W. H. BLAKE.

—:o:—

We can appreciate the terrible shock which your "feelings" must have suf-



A severe headache (especially suboccipital) in the parturient woman should cause you to look out for eclamptic attack.

The darkening of vaginal mucosa is one of the first signs of pregnancy. Begins at end of first month.

ferred when you learned that your last letter had been printed in the CLINIC. We think, however, you are needlessly alarmed. It struck us that the erring child was pretty well "dressed up" for the exhibition. Our "two million subscribers" are not squeamish about such things anyway, so that we feel that it will pass scrutiny, "without the wink of an eye." In publishing this letter also we are taking risks we know but even a repetition of your dire punishment for the last offense shall not prevent us. If anyone per chance should ask us why we shall give him an evasive answer, "And pfwhat's an invasive answur," said Bridget, who, objecting to lying, when ordered by her mistress to tell the visitor "I'm not at home," was told to "give her an evasive answer." "O, tell her anything; get rid of her the best you can." The calier came and went. "Sure and I gave her an invasive answer," said Bridget when asked how she did it. "What did you tell her," said the mistress? "Sure and I axed her was her grandmother a donkey."

The story of Nahum Haines is certainly an odd one. We wonder if other readers of the CLINIC have heard of similar cases?—Ed.



BLUE PENCILED FROM COVER TO COVER.

I have meant for a long time to write you a personal letter telling you how much I appreciate THE ALKALOIDAL CLINIC and the alkaloidal granules and tablets, but, like many other medical men I have put it off from time to time until I am almost ashamed to write. But the receipt of a copy of your Alkaloidal Digest a few days ago again reminded



As pregnancy advances the vaginal mucosa changes to a deep purplish hue; in 80 per cent by third month.

me of my intentions, so "here goes." I first commenced to use the alkaloids in 1889 when the late Drs. C. C. P. Silva and Dr. W. T. Thackeray dealt them out from a little room back of their office at the corner of State and Monroe streets, Chicago. My attention was called to them by Dr. Silva and they immediately struck me very favorably. I laid in quite a stock at that time and have continued to use the alkaloids in some form or other more or less ever since. I should have used them more but at times I was not where they could be conveniently obtained. Alkaloidal Therapy seems to me the only rational way to practice medicine and in the future I intend to use them more than ever.

In regard to THE ALKALOIDAL CLINIC, I wish to say that I value it more than any other journal published; in fact, it is the only journal I take that is usually "blue penciled" from cover to cover for future reference. Inclosed please find \$1.00 for another year. I would not be without it so long as I practice medicine.

Permit me to thank you for the copy of the Alkaloidal Digest. I consider it a very valuable little book, especially for a beginner in Alkaloidal medication and any old alkaloidist would find his memory refreshed by reading it.

B. W. R.

—, Wisconsin.

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We thoroughly appreciate such kindly remarks relative to the CLINIC, the granules and ourselves. We trust the Digest may be of daily service. You are indeed an "old Alkalometrist." We gather that your experiences have been satisfactory continually, and we should therefore like to have heard you say that you had used the alkaloids *exclusively!*

The pulsation of arteries may be felt by the examining finger in vagina after the third month of gestation.

Alkalometry is, as you say, the only rational method of medication and we sincerely hope your good resolution as to the future will hold. We will try to make the CLINIC worthy of even further "blue penciling" in the future.—ED.



HOUR-GLASS CONTRACTION.

I have a case I would like to report to the CLINIC readers. It is an obstetrical case which I attended March 9, 1904, the patient, Mrs. H. R., age 19, weight 210 pounds, a primipara. I was called at 5 a. m., March 8, to attend the woman. After making an examination of the pelvis and locating the position of the child I concluded that it would be a tedious labor and so informed the husband. I went twice to see the woman that day; labor was progressing slowly all that time. I should have said that the bag of water ruptured before I was called, at 4 a. m. of the 8th. I went back at night to stay until labor was completed. At 8 p. m. the neck of the womb was dilated so I could get my hand partially into the womb, I made a thorough examination both external and internal. I realized I had a breach presentation but thought nothing of that. I also felt the labia of the baby, and it appeared to me to be the scrotum of a male child. I then took it easy for several hours waiting for the womb to thoroughly open up and the presenting parts to come down lower so that I could assist in bringing the child into the world.

It was 1 a. m. of the 9th before I tried to go into the womb to bring down a foot, that I might terminate labor as fast as I could. I found that the womb was thoroughly dilated, that I could get my hand inside very nicely and take hold of

the buttocks. I tried to get hold of a leg but I could not do so from the severe contractions of the womb. I waited until the contraction passed off and again tried, but my efforts were futile. I could just get my finger in the groin but could not get further up, and I tried to bring the baby down farther so that I could get hold of a foot but failed in that, and by this time my hand was almost paralyzed from the contractions of the womb. I waited an hour or more before attempting it again, and when I did I found conditions existing as before, only more severe if anything, and meconium was being expressed from the baby in large quantities. I extracted several handfuls of the stuff from the vagina and inside the womb. I tried to get up for the leg again but could not get further than an inch above the groin of the baby, as the womb was contracting in at that point making it very difficult for me to get my finger into the groin of the baby. I kept trying to extract baby up to 6 a. m. of the 9th, when I told the husband and wife's mother that I would have to get help before the baby could be born.

I got help about 7 a. m. and Dr. Davis tried to get hold of the foot but failed as I had done previously, after which I thoroughly anesthetized the woman and had the doctor try again to deliver her, but he could not. So we came to the conclusion that the only thing to do was to put the blunt hook in the groin and extract. I placed the hook in the groin of the left side as the back of the baby was next to the back of the mother. I had to use a great deal of force before I could bring the baby forward the least. I tried to bring it down a little between the pains and finally succeeded. I had to extract it buttocks first up to the arm-



Remember, that "morning sickness," cessation of menses and other reflex signs may occur without gestation.

Fibroma, uterine displacements or even imagination may cause most of the "signs of pregnancy" to appear.

pits before I could get the feet. I soon delivered the child after that, but I noticed that the skin was torn in two places in the groin, also the thigh fractured at the epiphysis of the bone. The child breathed a few times but I could not resuscitate it. I worked with the child for nearly an hour but could not get it to breathe.

After this I extracted the placenta and cleansed the woman and changed the bed clothing and removed all filth and dirt as far as possible. I gave the woman two drams of fluid extract of ergot, also left a saturated solution of potassium chlorate for her to take, a dram every three hours while awake. I did not wash out the womb at all but intended to do it with the first signs of chills or fever and so informed the husband to let me know if she did have a chill. But the chill never came and the woman made a rapid recovery and was up in two weeks doing her work about the house.

Now, Mr. Editor, I would like to ask a question. How often do hour-glass contractions of the womb occur; what per cent before the baby is born? I never had a case before that I could not handle alone but I was up against it in this case, good and hard. I would like to get the criticism of the CLINIC readers on this case. Did I do my whole duty with both mother and child? I am always ready to sit at the feet of Æsculapius that I may improve what few talents I have.

J. A. COLBOURNE.

Pontaic, Ill.

—:o:—

The term "hour-glass contraction" is usually restricted to the constriction at the internal os which occurs after delivery of the fetus—the placenta being retained. As to its frequency, Edgar

says it occurs in about one in a thousand cases. The muscular spasm with which you had to deal in this case was certainly a severe one whether it was true hour-glass contraction or not; no wonder you had trouble.—ED.

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URTICARIA FOLLOWING CALCIUM SULPHIDE USED TO SATURATION.

Having derived so much benefit from perusing the CLINIC, I feel constrained to add my mite to the general fund of information. So many points have been touched on in general practice that it is hard to find one that someone has not made a subject of communication. However there is one thing I have not noticed in your publication or elsewhere, namely, the peculiar action of calcium sulphide when given to saturation.

A short time ago I was called to a girl aged about fifteen who had complained of a sore throat for a couple of days. On first examination the throat had the appearance of follicular sore throat, no decided membrane nor swelling, with moderate fever. I gave her a spray of peroxide of hydrogen at once with sulphide of calcium every two hours. The next day there was a more decided scrap of membrane on both tonsils and back of fauces, with a temperature of 103° F. but little swelling. I now felt sure I had a case of diphtheria, so I shoved the spray and calcium sulphide and gave strychnine arsenate for the heart.

The next day the progress of the disease was checked, and the following day the temperature came down to 100° F. and kept down. It took the constant use

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Ectopic gestation may be present and without any of the usual breast or vaginal signs becoming apparent.

About the fourth month of gestation a pigmented line extends from the ensiform cartilage to the pubes.

of the spray and calcium sulphide for ten days before the throat was clear. In all that time fever was down, no swelling, no odor, but what I wish to state is that there came out on the girl's face and neck an eruption of wheals, four or five each about the size of a ten cent piece, dull red in color, slightly raised and tender to the touch. They remained out as long as she used the calcium sulphide and did not fade away until some days after stopping the remedy.

Her sister who waited on her, a girl of about eighteen, took the disease. As soon as there was the least sign of membrane I gave her a hypodermic of anti-toxin, also the spray of peroxide and calcium sulphide to saturation. After a few days the wheals made their appearance on her face, but the active treatment cut short the disease so that she was convalescent in a few days. I have used calcium sulphide in other diseases, but did not saturate the system so thoroughly as in this case, so never saw this effect from the use of the remedy.

E. D. AULT.

Acton, Ont.

—:O:—

This certainly is a rare occurrence after the use of calcium sulphide. Have other readers of the CLINIC noticed this effect of giving the remedy to saturation?—ED.

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THE TREND OF MODERN THERAPEUTICS.

By an intense desire to obtain a competence or accumulate wealth with the smallest expenditure of time and labor, society has been greatly disturbed in its financial relations. The struggle for existence has unfolded a state of selfish-

ness and rivalry, that has unfortunately invaded the realm of becoming rectitude. Quality has been sacrificed and confidence impaired through its deleterious influence. The recognition of this condition has been a causative factor in the production of standard preparations in medicine, and the isolation of the more elegant active principles. With admirable energy and signal success, analytical chemistry has contributed beauty and accuracy to physiological and therapeutic results. It has initiated a movement that has opened the way in the development of progressive medicine. Enlightened intelligence has received fresh inspiration, and the votaries of science are becoming fascinated by its simplicity and attractiveness. By no means revolutionary, its aim is to impart renewed confidence to therapeutic agencies. An investigation of the different elements that have been isolated from individual drugs, the purpose of the physician has been attained, and the sinister effects of the preparations eliminated.

Any prejudice that may exist in the minds of some physicians by the use of active principles is neutralized by the fact that they have already been utilizing these same products by the administration of quinine, morphine, atropine, *et id omne genus* of alkaloids and their salts. The system is therefore not open to the imputation of practicing medicine in accord with the principles of any new school. The pioneers in this movement are entitled to the admiration and appreciation of all lovers of progress for the benefit of humanity, and none are worthy of greater consideration than the modest editors of THE ALKALOIDAL CLINIC. A feature of their therapeutics that is unique and commends it to un-

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In brunette women the pigmentation of striae and areolae is very marked after third month of gestation.

Striae gravidarum are reliable signs of pregnancy but are not present as a rule till the seventh month.

biased minds is the fact that it seeks not only to reveal and apply a remedy to counteract the morbid condition but presents "a reason for the faith" that exists in the mind of the practitioner. Instruction in accord with this method is calculated to fasten the physiological action of drugs in the memory. This plan tends toward the development not only of accuracy in applied therapeutics, but also leaves its impress on general literature.

At a meeting of a medical society in New York a short time ago, one of its members, in presenting a clinical report of a case, said: "There was no temperature." The omission of such a truth was a reflection upon the speaker, however lucid it was to his colleagues.

The writer of this article had a little experience of this kind in the early part of his medical career. It grew out of an oversight in failing to state in his paper that venesection was resorted to in his treatment of a case of puerperal convulsions. The confidence in the efficacy of bloodletting in vogue at that time lent greater embarrassment to the author than it would today. Personal and press criticisms that have not lost all their vexation were the sequels of this exclusion. It has, however, had its lesson, which I have thoroughly learned, and am doubtless in a better mental condition to appreciate the accuracy of alkaloidal medication. In our appreciation of the intellect with which the Creator has endowed man, and differentiated him from the lower orders of creation, it is essential for its maintenance and highest development, that we should think, and in accord with the admirable ethics of the CLINIC, "think right." "There is no excellence without labor," and while the

editors of the CLINIC seem ever ready and willing to respond to the queries presented, there is ample evidence that advantage has not always been taken of the excellent facilities that have been accorded its patrons. In any vocation of life, a recognition of the assistance that has been so amply furnished for personal improvement is deserving of laudable consideration.

I am utilizing my stock of galenical preparations as rapidly as possible, and have read the injunction so frequently expressed by Dr. Abbott "to clean out, clean up, and keep clean," that the course I am pursuing seems almost automatic. With fresh inspiration, I have fallen into the line of Alkalometry, and am devoting all the time and energy at my command to the prosecution of a further study of the physiological action of the active principles of the preparations of the U. S. Pharmacopeia with those embodied by the Alkalometrists. The positiveness presented in its literature is highly alluring, leading on toward fields yet to conquer.

L. S. BLACKWELL.

Perth Amboy, N. J.



TWO GOOD CHEAP ANTI-SEPTICS.

The remarkable utility of two very common substances is but little appreciated by the average practitioner. They are prone to pay a dollar a pound for "named" antiseptic fluids when they can make gallons for less money and have a more effective antiseptic at the end of it all. A few drops of oil of cinnamon added to a quart of water will make the most satisfactory antiseptic douche imaginable; as a post-partum douche add five drops to two quarts of



Bulging of the abdomen will first be noted in the middle or at end of the third month of gestation.

It is usual for the fundus to reach the umbilicus about the sixth month, the ensiform about the eighth.

water and repeat till the lochia are sweet. Three douches usually suffice. Cinnamon water—made double or even three times the above strength will prove superior to nearly all the much-lauded antiseptic powders and fluids for fresh wounds. Apply a compress soaked with the preparation over the lesion and healing will occur by first intention. Pus never forms. Try it in your next severe lacerated wound. The same treatment can be used after stitching. In nasal catarrh the same fluid will prove admirable. The writer uses preferably the Menthol Compound tablet in this affection (two tablets to eight ounces of water) but cinnamon water will serve the purpose almost as well. In fact it has a unique action and after the nasal mucosa has been cleansed with the menthol solution a second swabbing or douching with the cinnamon water will help secure a rapid and thorough cure. At the same time it may be remarked that in flatulence, stom-achic fermentation and many forms of diarrhea this same solution will work marvels. Give one to two ounces every three hours, or oftener as case may demand. The normal saline solution may be used instead of plain distilled water, for nasal and other work upon mucous membranes.

The other antiseptic which is so common that it fails to secure recognition is turpentine. Pure oil of turpentine is without exception the best application to old "leg" and tubercular ulcers known. After you have tried in vain curetting, wet applications, dry dressings, strapping and every other thing, clean off the sore with H_2O_2 (pure) and then apply a thin layer of absorbent cotton or gauze soaked with turpentine.

Over this place lint covered with any

unguent you may prefer—the plainer this is the better, probably pure vaseline or simple cerate is as good as anything—and over all place a thick pad of cotton and a snug bandage. Renew the dressing every second day at the furthest and after three applications you will note the edges drawing in clean granulations forming, and an absence of dead tissue and pus. Towards the end it is advisable to merely swab the ulcer over with turpentine and dress with euophen or other antiseptic gauze. If the sore is on the neck or other conspicuous place the application of asepticized, defibrinated bullocks' blood to a perfectly sterile dressing will cause healing with the minimum amount of cicatricial tissue. Turpentine in an emergency may also be applied to any wound after the edges have been approximated and you can rest assured that you will have no infection or sloughing in that case.

GEO. H. CANDLER.

Chicago.



METRITIS.

Inflammation of the uterus is comparatively a rare disease. When it occurs it is ushered in by symptoms, truly characteristic, such as rigors followed by fever, a feeling of fulness and weight, and heat about the pelvis, together with throbbing and tenderness in the groin or perineum, irritability of the bladder with tenesmus, diarrhea, serous discharge, nausea and vomiting. The abdomen is sensitive to touch; the os swollen, red and hot. There is also great pain in the region of the sacrum. When the patient assumes a recumbent position there is immediate relief from the subjective symptoms.



Primiparæ present less enlargement of the abdomen than multiparæ; great enlargement often means a contracted pelvis.

In primiparæ the fetal head is within the pelvis at full term; this is rare with multiparæ.

This condition is liable to terminate in any of the usual results of inflammation, and therefore requires active treatment. Firstly, the circulation should be controlled by use of veratrine, asclepidin and aconitine, one or two granules of each given together and repeated with a frequency depending upon the requirements of the case. Complete rest in the recumbent position should be rigidly enforced. Over the region of the uterus a hot elm (because of light weight) poultice should be applied.

For the pain, morphine hydrochlorate may be given in alternation with the veratrine. Indeed these two remedies form the "sheet anchor," and this treatment brooks no delay—lost minutes are dangerous. During convalescence nutritious food, fresh air, warm hip baths daily, and an alternative course of treatment generally is required.

Should the case continue in the sub-acute form the treatment must be varied. Clear the alimentary canal, and keep it clean, with a daily morning dose of the saline laxative! For toning up the general system strychnine, iron and quinine arsenates. As a local tonic to the pelvic organs the "uterine tonic" pill will supply that greatly-needed tone.

W. C. BUCKLEY.

Philadelphia, Pa.

ASCLEPIDIN.

There are but a few remedies which have as wide a range of usefulness as asclepidin, which is badly neglected. This remedy is nontoxic and is used to some extent by practitioners of all systems of medicine. When once used by a physician long enough to become thoroughly familiar with its action it will

always be used, as there is no remedy that can take its place. It cannot be used amiss in hardly any disease and when used, if not indicated, no harm will be done.

Asclepidin is unexcelled as a relaxing diaphoretic. This makes it a valuable remedy in many forms of fever. It can be given in combination with lobelin which will increase its relaxing and diaphoretic action.

There is no remedy that is so valuable in acute lung complaints as asclepidin. It can be used with benefit in all acute lung complaints but is especially indicated when there is a sharp cutting or darting pain which is increased by deep breathing. This remedy is of great value during the first and second stages of pneumonia. In this complaint it should be given in hot water, in doses sufficient to keep the skin barely moist. This will equalize the circulation, prevent further inflammation, act as an antispasmodic, cause the skin and kidneys to throw off impurities and act as a general tonic.

For colic in children or adults, asclepidin in combination with dioscorein and capsin is of great value. For peritonitis asclepidin, in combination with lobelin, will be found invaluable. This combination is also valuable in convulsions, acute rheumatism, myalgia and intercostal neuralgia. In acute rheumatism it is often best to use asclepidin in combination with macroton, in myalgia in combination with scutellarin, and in intercostal neuralgia with cypripedin. In most eruptive diseases asclepidin is of much value in bringing out the eruption. It is of exceptional value to bring out the eruption of measles, especially when combined with capsin, and if

The fetal heart becomes audible about the eighteenth week; apply the stethoscope to the fundus to detect.

The fetal heart sound resembles nothing so much as a watch ticking under a pillow; learn to detect it.

there is nervousness cypripedin should be added.

A combination of asclepidin, scutellarin, lobelin and capsicin makes the most valuable febrifuge for malarial fevers. It can be used freely until the patient's skin is moist or he vomits. This combination will arouse the functions of the skin, liver, stomach, bowels and kidneys. It is not only valuable in malarial fevers but all acute fevers, and especially in children.

Physicians who have overlooked the therapeutic action of asclepidin and those who have never used it will do well to give the remedy due consideration. It is a remedy that can be used alone or in combination with almost any other remedy in a large number of diseased conditions. It is an exceedingly valuable remedy and is pleasant to the taste.

Asclepidin is diaphoretic, diuretic, tonic, laxative, carminative and antispasmodic. It is a valuable remedy to open up the way for the action of other remedies especially when the patient has been cleaned out with the saline laxative.

J. A. BURNETT.

Sullivan, Ark.



THE BLOODLESS TRACHEOTOME.

After reading the contents of the April, 1904, number of THE ALKALOIDAL CLINIC, my attention was called to the advertisement of the Huston Bros. "Bloodless Tracheotome." Permit me to state, gentlemen, that I claim to be the inventor and first user (so far as I am aware) of this instrument, at least one exactly similar in principle.



It is rare that the fetal parts can be palpated through the abdominal walls before the middle of the sixth month.

I invented this instrument in the year 1889 and used it in connection with a hypodermic syringe. I gave a description of it with the full details how to use it, in an article published by me in the *Therapeutic Gazette*, November 15, 1889. The article was entitled, "A New Method for Local Treatment of the Larynx" and can be found on page 775 of that journal of the date stated. I and Prof. Max Thorner, now deceased, of Cincinnati, Ohio, made use of this instrument and method of treatment, in cases of membranous croup and laryngeal diphtheria, in quite a number of instances with fairly good success.

We applied through the canula of the instrument, to the interior of the larynx, solvents composed of pepsin, papoid or lactic acid in a glycerin menstruum duly cocainized. At the present day, I should use, if the opportunity offers, a glycerite of Calcidin which I believe is a better and more rapid solvent, than either of the others I mentioned.

I am of the opinion that a case of diphtheria treated thus locally and also systemically by the internal administration of Calcidin at the same time, will show equally as good results as by the antitoxin method of treatment with decidedly less risk to the patient. Of course this is only an opinion of mine at the present, and time will tell whether or not it can be substantiated, but I shall surely make a test of it the first opportunity that offers, and report whether success or failure has crowned my effort, depend on that.

ERNST TIMMERMANN.

Batesville, Ind.

—:o:—

We are always anxious to give the right man credit for his work. There-

Do not depend upon the woman's statements too much in estimating the time of probable delivery.

fore we are glad to know the facts in this case and to make them public through the columns of the CLINIC. We hope to hear of the results from the proposed method of treatment of diphtheria with Calceidin, administered by this method.—Ed.



A CRITICISM ON ACONITINE, ETC.

I wish to call your attention to an article in the March CLINIC, page 303, on "The Alkaloids in Infantile Pneumonia," signed I. S. M., —, Mo. I have been following "Shaller's Guide" in administering the alkaloids, but if they (the alkaloids) can be used in such heroic doses for infants and children as given by Dr. I. S. M., then "Shaller's Guide" is no guide and the alkaloids are not as potent as I have regarded them.

The doctor says that he expected to find them both dead the next morning. I am surprised that he did not. I certainly would, if I had administered such doses as he did to these children. I find that Shaller gives one granule for each year of the child's age and one extra for the glass. He has used half the adult dose for the youngest and full adult dose for the three year old child. Then I should have used the "Dosimetric Trinity" instead of the Defervescent Compound for children.

From your note of comment, it would seem that you endorse his dose and treatment. I would like to know if such doses of the Defervescent Compound can safely be given to children so young? I certainly would not give it, unless I was in league with the undertaker. I am treating a number of children daily with the "Dosimetric Trinity" for influenza



The breasts of the pregnant woman usually enlarge at the end of the second month; the degree varies greatly.

and pneumonia, bronchitis, etc., and am having good success. Perhaps it is nature after all that is bringing about recovery, at any rate I am satisfied with the results. Of course I use Calceidin, creosote and other agents as the indications demand.

H. S. CROCKETT.

Wilmore, Ky.

—:o:—

The doctor certainly used "heroic measures." Sometimes these are necessary, but where one may do so once with good results he will bring down trouble on his head twice. Shaller's rule is for safety. We have long thought and taught that these doses can be exceeded. In fact the rule we are continually impressing upon the family is: Give to effect—either remedial or physiological. There is not any possibility of fixing an invariably effective dose. A will take twice as much as B. From experience we know that as a rule such and such an amount is usually sufficient but we cannot be sure that it will always be so. To be safe the smallest useful dose should be given and repeated at short intervals till we obtain the effect we desire.—Ed.



A PRESCRIPTION FOR "BROTHERLY LOVE OUT OF TOWN."

Here is my prescription "For Brotherly Love Out of Town." I have only been practicing for three years in a small town of about one thousand inhabitants and this necessitates quite a good deal of country practice and contact with professional brethren; some of them are very old and some have not always treated me quite ethically, especially after the consultation was over and I had returned to town. But I say nothing to

The recent striæ apparent upon the breast and abdomen of pregnant women are pinkish; old striæ are white.

anyone about it but attend strictly to my own work. I take a post-graduate course every two years if possible and try to keep well up on surgery and practice. The result is that when there is any very important surgery to be done or patients want the exact truth about a diagnosis and prognosis they insist on my being called and if they have been treated for typhoid fever and have had pneumonia or some other condition all the time I plainly tell them so and leave them in the hands of their practitioner, after suggesting to him privately the treatment I would give. And if they want to talk about me and prevaricate I just let them go ahead. The animal will not "holler" unless he is hit. Your country brother will not say much unless you are taking his practice and if you are doing this on strictly ethical lines by your superiority, go ahead and do not worry—for you will come out on top. Your mind either brightens or tarnishes.

E. S. E.

— North Carolina.



"BROTHERLY LOVE OUT OF TOWN:" THE REMEDY.

On page 185, February number of the CLINIC, I find a communication from one of the younger contingent, entitled "Brotherly Love Out of Town." You ask a prescription for the case. I am an old doctor; have been in active practice for more than half a century, and during that long experience have come in contact with a good deal more of human nature, professional and otherwise, than this young man probably has. It will not therefore appear presuming in me, I trust, to advise a remedy for

this case; which I feel sure if faithfully and persistently taken, will largely benefit if not entirely relieve the unfortunate condition that this "youngster" describes himself as having gotten into.

My prescription is a very simple one, but hard to take sometimes—the Golden Rule, "Do unto others as you would have others do unto you." To cherish such feelings toward his older professional brethren as are so sweepingly expressed by him in the article referred to, indicates an uncharitable spirit. Surely there is something better among the "old narrow-minded fellows" where he lives, or else Providence has placed him in most uncongenial surroundings. Better try to find some of the *good* in his seniors and not be so ready to rush into print in abuse of them all in this unseemly manner.

When I was a young man my elders of the profession encouraged and helped me; and I recognized their wisdom and conservatism. Now that I am an old doctor, the younger generations accord me every consideration and respect; while I take pleasure in according them due credit for such superior knowledge and skill as the developments and improved opportunities of later years have afforded to students of science, medical and otherwise.

If this young man is not a member of his local medical society, the sooner he becomes one the better for him. A close personal relation, *more touch* with our professional brethren, tends to remove prejudice and antagonisms and gives us more kindly appreciation of each other. If there is no local society, let him interest himself actively in the formation of one; induce the doctors to unite in this way and, my word for it, in a twelve-



The areolæ surrounding the nipples of the pregnant woman become darker and wider about the third month.

Bear in mind that the areola of a blonde is much lighter in color than that of the brunette.

month he will think better of those narrow old fellows and the sentiment will be reciprocated.

M. D.

—, Florida.

—:o:—

You have struck the key note in the treatment of these cases! It only needs to get in touch with human nature to find out that after all there is at the bottom a strong bond of sympathy between us all if we can only find it. We are too ready to give voice to our little disappointments and build out of them large enmities, which embitter our lives. If we would go through life like this Florida doctor, looking for the good in our neighbors, we would find that the world is full of it. His recommendation to get into the medical society, or if necessary to found one, is just the thing. Doctor, why don't you do it? And doing it make it Alkaloidal and you'll get 'em all.—Ed.



COUNTRY PRACTICE VS. CITY PRACTICE.

I am getting more and more in favor of the use of the alkaloids, the "arms of precision," yet in country practice we encounter difficulties you do not meet in city work. We have such indifferent nursing—people are not judges of the effects of medicine, and aconitine, strychnine, etc., are powerful drugs to be left to attendants during an absence of twenty-four to thirty-six hours. What may happen during such intervals between visits, as the result of continued or continual use of so potent medicines, no one can foresee.

I want to call your attention to an experience I had a few days ago in the use of your Codeine Compound tablets



In blonde women often the areolæ during pregnancy remain pink and hardly deepen in tint at all.

in bowel trouble, in a child aged two years. I dissolved two of the tablets in twenty-four teaspoonfuls of sterilized water and directed one-half teaspoonful every two hours. There were no changes in the character of the stools, nor the frequency, but by 6 o'clock that evening the child was narcotized. His bowels would move, the napkins would be changed, he could be bathed, etc., and he would never wake. I began to feel very solicitous, and of course discontinued the medicine at once.

I find a very great difference in the susceptibility of patients, both adults and infants, to remedies, particularly purgatives and narcotics, and often make the remark that no man can foretell what the result of a certain treatment or even a single dose of medicine will be. I know a big, stout man of 200 pounds who will be put to sleep for twenty-four hours by a teaspoonful of paregoric. In other cases I give an opiate and the patient will exhibit but little if any of the physiological effects the same night, but will be drowsy and stupid all the next day.

G. ATKINSON.

Arcadia, La.

—:o:—

We have your favor of recent date and have read your remarks with a great deal of interest. We do not believe that Zinc and Codeine Compound or any remedy containing any preparation of opium is the best thing to use for infants or children. One or two doses may be all right, but only to control pain. This child would probably have done better on copper arsenite solution and Intestinal Antiseptic, subsequent to a thorough cleaning out with calomel, podophyllin and a saline laxative. The bowel dif-

If there is darkening of areola and the veins of breast are visible, pregnancy is probably existent.

faculties of children are difficult to handle at best, and we have invariably found it to be the case that the use of opiates leads to unpleasant results. Enemas of saline solution, or containing ten to fifteen grains of Intestinal Antiseptic to the pint, will prove of benefit and after the bowel is cleaned, cotoin, one to two granules or with bismuth and Anodyne for Infants will prove amply sufficient. It is true that the common practitioner has to contend with many things, the city man "wots not of," but we have tried each side of practice, as also have our assistants, and we believe firmly that the country man can use the alkaloids to even better advantage than his brother of the city.—Ed.



"DIFFERENTIAL DIAGNOSIS."

A reliable authority on the practice of medicine writes thus: "Laryngeal Diphtheria or Membranous Croup. In many cases the Klebs-Loeffler bacillus produces its influence first on the mucous membrane of the larynx, and in these cases the mucous membrane of the nose and pharynx may never give evidence of a false membrane. In laryngeal cases the first symptom is a cough of a harsh, metallic, ringing character, and never to be forgotten when once heard. The temperature may be slightly above normal, or even in many cases normal. The toxic absorption is slight, on account of the locality affected, and the constitutional symptoms are usually mild. The local symptoms, however, are very alarming, as the result of laryngeal obstruction, there being marked dyspnea with retraction of the intercostal and supraclavicular spaces, and later of the epigastrium and lower chest. These are

associated with increasing cyanosis. The child is soon very restless, is forced to sit up to breathe, and for the same reason bends forward with its head thrown back. In these extreme cases, unless relief is soon gained, the child dies of suffocation. In many instances a slower form of suffocation may result from the extension of the membrane downward to the bronchi."

Any practitioner, of experience in treating what is usually known as two separate and distinct diseases, but herein classed as one and the same thing, will readily recognize the similarity of symptoms in each case. While not attempting to dispute or deny the correct classification of the learned Professor, I desire to note my experience in treating both diseases (as I have always termed them), and results.

In the past eighteen years I have diagnosed and treated many cases at various times and places, of what I supposed was membranous croup, the history and symptoms in each and every case corresponding exactly with the above description, or nearly so—a greater majority of such patients succumbing in a short while after the attack. I have further observed that but one child, where there were several in the family, contracted the disease, the others apparently being immune.

Upon this hypothesis, therefore, all these cases were non-contagious in character, yet bearing the "earmarks" of laryngeal diphtheria.

Two months ago I was called to a case having similar symptoms and my diagnosis was membranous croup again. The little patient died the second day afterwards, and no more "diphtheria-croup" appeared in the family for two



The elevation in areolæ of pregnant women are called "Montgomery's tubercles"; number varies from three to twenty.

"Montgomery's tubercles" sometimes are very apparent in the areolæ and may secrete serum abundantly.

weeks afterwards, when on being called again I found three well-developed cases of pharyngeal and nasal diphtheria among the remaining children of the household, all of whom fully recovered in time.

Now as there were no endemic or isolated cases of diphtheria in that neighborhood at the time, and besides, the first patient had been on the premises for months, the logical conclusion was that laryngeal diphtheria and not membranous croup was the source of contagion.

The question arises, if there is no difference between tweedledee and tweedledum, how is contagion in one instance and non-contagion in another accounted for, and how is prior discrimination to be made?

Should quarantine follow, and all these cases be considered contagious, and given diphtheritic treatment? Who will answer.

“OREGON.”

—:o:—

The matter is by no means easy to untangle. No infectious disease is more difficult to follow in its devious meanderings than diphtheria. It is not directly very contagious. It is not apt to take root unless there is a solution of continuity or a morbid surface in which it can become implanted. It follows drains and lingers about houses where the hygienic conditions afford it lodgment. It may be transported and transmitted by animals or by food, such as apples.

Membranous croup may or may not be diphtheritic. Sometimes it is such, and amenable to saturation with calcium sulphide. Sometimes it is the highest manifestation of the simple inflammatory process, and amenable to calcium iodized.

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Colostrum may be squeezed from the nipples of pregnant women after the third month as a rule.

But the cases responding to either of these do not respond to the other. There is a radical difference between them, and failure is certain if the differentiation is not made correctly.

The description as quoted is unsatisfactory. If you wish to fully comprehend the pathology, the true meaning of what occurs in a case of membranous croup, read Niemeyer. No other writer on Practice gives the subject so satisfactorily, or provides so good a basis for comprehensible therapeutics.—Ed.

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THE CONTROL OF LABOR PAINS.

To allay pain is one of the doctor's most urgent duties. Of late when I am called to a case of labor after seeing that bowels and bladder are empty I immediately inject into the arm a dose of morphine, gr. 1-6, and atropine, gr. 1-200, and from this time until labor is ended I see to it that the patient is far enough under control of the drugs to fall asleep between pains. If I notice that the atropine is too prominent I occasionally give the morphine alone. A case of ordinary labor will require several injections. The parts are relaxed and the child advances more rapidly. Chloroform is not needed so often, and your patients will call you “blessed,” an expert, etc.

V. E. LAWRENCE.

Ottawa, Kansas.

—:o:—

We do not believe in giving either morphine or atropine in labor except in urgent cases. Much better let the woman reach for an extemporized chloroform inhaler, and take a few whiffs as soon as she feels pain coming on. One of these “automatic” chloroform inhalers was de-

Colostrum may appear in breast of pregnant women in second month or not till end of seventh.

scribed in the CLINIC last month, and consists of a corset steel fastened to the head of the bed, and to the end of this, which hangs over the woman's face is attached a string, and a cone made of loose paper in which a little cotton is placed. The cone dangles about two inches above the nose of the reclining patient. From time to time the physician puts a few drops of chloroform on the cotton or relegates this duty to someone present, and as soon as the patient feels distress she reaches up for the cone, pulls it over her mouth and nose and inhales deeply. As narcosis begins the patient's muscles relax and the cone flies out of the hand. It is thus impossible for the woman to get too much chloroform.—ED.



HYDRASTININE IN UTERINE HEMORRHAGES.

I have had during the last two months three cases that have absolutely convinced me of the therapeutic usefulness of hydrastinine hydrochloride.

1. Female, aged 24, a prostitute who miscarried six weeks before I saw her. She had been treated by an allopathic physician but had continual dripping of blood. The uterus was subinvolved, anemia profound. The vagina had been plugged almost continually and she had taken remedies internally with no improvement. I saw her at 4 p. m. and wishing to use the alkaloids before attempting the more formidable operative treatment, I put her on hydrastinine hydrochloride, gr. 1-12 every four hours, also using the Vaginal Antiseptic and lavage. I returned the next morning and found all discharge stopped. I left her on Buckley's Uterine Tonic and

Triple Arsenates and she made an uninterrupted recovery. She says the discharge stopped after taking three pills of hydrastinine.

2. Married woman, age 25, miscarried. I saw her six days after this and examined the interior of the uterus with the finger, as it was patulous, but found no debris. I used hydrastinine, strychnine, and Triple Arsenates. As a result she was well within five days.

3. Female, age 44, married. Some twenty-four days ago she had an acute hemorrhage from the womb, being about two months pregnant. She called a physician who told her she had aborted and gave her cinnamon water to control the hemorrhage! He then gave ergot but this also failed. After six days the woman aborted in spite of the diagnosis of the doctor that she had done so the week previously. He continued treatment for the flow, but the patient went from bad to worse. No operation or local measure was undertaken. I called the twentieth day in the late evening and gave hydrastinine, ergot, atropine at 9 p. m.; by 1 a. m. all flow had ceased and up to date has not returned. I am giving Buckley's Uterine Tonic, strychnine and digitalin, keeping the bowels open with Anticonstipation granules and she is practically well, except for the anemia and the flabby womb that will respond soon with the B. U. T. The first practitioner had had to give two injections of normal salt solution as the patient has almost collapsed.

These results from hydrastinine did not surprise me; I had used it before and told the patient I expected to get results in six to twelve hours, and this I did.

I have just aborted a pneumonia case to the immense amusement of my fellow



Breast signs are usually of most value in primipara; in multipara they are of little importance alone.

Cessation of menses, morning sickness with changes in the breasts are pretty sure signs of pregnancy.

practitioners, who as usual say my diagnosis was wrong. I am feeding several patients on calcium sulphide, as we have an epidemic of smallpox here. Am also vaccinating but the saturated ones including myself "won't take."

E. R. FERNANDEZ.

Cananea, Mexico.

—:o:—

Hydrastinine has long been recognized as one of the best remedies for uterine hemorrhages and the additional evidence you submit is read with interest.—Ed.

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HIS FIRST EXPERIENCE.

* I must say that while *theoretically* I believe in the alkaloids, I have not as yet gotten many brilliant results from their use. Several times I have been on the point of writing the CLINIC on the excellent results obtained by several subscribers, especially in pneumonia, they describing cases in which the disease succumbed in three or four days. Those cases are "not proven"—as the disease may abort in that time under any treatment. I tried one case of pneumonia under the treatment suggested by Dr. Abbott, and although I saw the patient on the first or second day, I was not more successful in aborting or lowering the temperature than under the old treatment. I am beginning to take these items *cum grano salis*.

H. D. M.

—, Maine.

—:o:—

Oh, Doctor, none are so blind as those who wear spectacles! The man who is looking for results very closely cannot see them sometimes because they are just under his nose and he is looking further away. We wish we could have had

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you around this winter when pneumonia was raging, then we could have let you see the results of proper alkaloidal treatment. That pneumonia is aborted by the use of the alkaloids is now beyond question—that has been proven time and time over. But it certainly will not do to give arbutin and zinc sulphocarbolate for the fever or Menthol Comp. and the Digestive for the diarrhea. *You must give the proper remedy for the condition.*

Because you did not abort the first case do not believe that others with a firm grasp of Alkalometry are not aborting all or a great proportion of their cases. You are too clever not to know that everything requires some apprenticeship and you must also appreciate the fact that there are always some cases of pneumonia which will run their course regardless of any and all treatment they may receive. The system is totally deranged—the vital forces at a low ebb and the infective process intense. Most of these cases are saved by alkaloidal or other proper treatment, but they are not *aborted*. This does not by any means prevent us from aborting abortable cases, however. And we do not know any other treatment which will do that. If you will take the alkaloids and the Digest and start in to treat all your cases therewith—or treat half with them and half by old methods—you will find that in two weeks you will be a permanent Alkaloidist; you will not be able to help yourself. That is the way to prove things. Don't condemn a system which is bringing success to thousands because at first the remedies do not do just what you expect. Find out why they do not; learn to use them as they should be used and you will never again take the stories told by those who use the active

Don't forget pilocarpine, the hot pack and, finally, intravenous injections of normal saline solution in eclampsia.

Eclampsia may come on twenty hours after labor; when this is the case it is usually of a mild type.

principles *cum grano salis*. On the contrary you—even as they—will wonder how it was you ever thought disease difficult to treat and cure. Go ahead, Doctor, and success to you.—Ed.



SOME PRACTICAL HINTS WITH REFERENCE TO THE USE OF "OBESITY CURE."

In the past year it has been my lot to treat several cases of obesity and I must say that in every case the results have been very satisfactory. Not only is the weight reduced, the tissue made lax by such reduction contracted, and aged people made to look middle-aged and middle-aged people look young again, but in many of the cases other troubles like cessation of menstruation, palpitation of the heart, digestive disturbances, with their allied gouty conditions, have faded away like magic.

These results cannot be secured by the "Obesity Tablets" alone. You might give them all summer, and an Arkansas summer, too, without getting results unless they are coupled with proper restriction of diet and drink, especially the latter. This is the way I do it and I tell you my way, not because it is the best, but because this method has been successful in my hands and success is what we labor for:

Give the patient a card or slip with the exact amount in ounces both for food and drink. Do not cut it too low. Say, 8 oz. of food and 12 to 14 oz. liquid, each meal, the liquid to be taken one-half hour to one hour after eating. Most patients, I have found, will not eat nor drink this much. Note the amount eaten and have the patient weigh each morning at

the same hour. If the patient gains on the amount of food and drink taken, cut off an ounce of food and two ounces of the given amount of fluid and if at the time of weighing next morning there is not a reduction, cut down again. If this method is followed systematically you place the responsibility on the patient. I never have found it necessary to give more than four or six tablets in twenty-four hours, usually four, one before each meal and at bedtime. Emergencies will arise and will need some judgment and good common sense to meet them.

One doctor in the May number of the CLINIC thinks the medicines lose their effect after taking for a time. I do not think this is the case. My experience leads me to think that the first reduction of weight is always more rapid than later and when you are drawing nearer a normal condition, this seems to me is a matter of course. Some can be reduced more rapidly than others. You may be able to reduce one person at the rate of a pound a day while in some it would not be safe to reduce more than one-half pound each day. The latter is true if the patient is above forty-five years of age. Strychnine or some of this group should be given if the heart wavers, and thirst can be met by "pepsin gum." As the patient loses flesh if there has been shortness of breath with palpitation it gradually disappears; if there has been a heavy congested uterus and cervix, these maladies generally pass away; if gouty rheumatism exist it becomes a thing of the past. Your patient is rejuvenated and given a lease on life of twenty years greater duration.

I have in mind a lady who came to me suffering with all the above described ills. She weighed 165 pounds and should



In a typical case of eclampsia the urine passed in 24 hours was five oz. (one-half albumin by volume with trace of urea). •

The rapid relief in eclampsia from transfusion of saline solution would tend to prove the existence of toxins in the blood.

have weighed 105 pounds. The superficial capillaries in the face were so distended that they would burst and bleed. I put her on the "obesity treatment," flushed her every morning with Saline Laxative; had her weigh food and drink, kept her at her house-work, with other calisthenic exercises and now she weighs 100 pounds, is healthy and looks twenty years younger, "a thing of beauty" and I believe she will be "a joy forever." Such is my experience in reducing the obese.

ARTHUR E. SWEATLAND.

Little Rock, Ark.

—:o:—

Many failures in the treatment of obesity are due to neglect of the principles laid down by Dr. Sweatland regarding the use of liquids and the regulation of the diet. If these are followed with careful attention to detail there will be comparatively few failures. There are some cases as we pointed out in the CLINIC for May which resist treatment, but these are comparatively few. The main thing is to keep the patient under careful observation and to control him. The advice to make the patient responsible for the restriction of the diet is excellent.—Ed.

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AN AGED CLINICIAN'S OPINION OF THE AKLALOID.

I must thank you for the beautiful Digest sent some time since, and for other continued favors in monthly installments through the CLINIC. These are debts of no mean weight and they seem all the more heavy when I remember how little I have given in return; many interesting cases should have been reported to you, to help fill the "hopper"

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to supply the ceaseless grist. In excuse for my remissness the only plea I have is the infirmity of age. I am in my seventy-fourth year of life and fifty-fourth year of "Doctor Medicinæ." If you will examine the roster of the CLINIC it will show that I have been with you since early in the first volume.

My credentials are from the old Jefferson Medical College of Philadelphia. I have lived a sober and, as far as my ability would permit, a studious life. I believe in God and man's strictest accountability. Therefore it seems to me that if I am ever to speak with confidence in any degree of authority I need not put it off longer. Then to make some amends for the past, I will not report cases now but give you a resumé of my experience with the alkaloids, holding ready to "make good" anything herein stated.

In the beginning I had my difficulties with the active principles, like any other man, but enough good came in the start to hold me to them. I had failures, but now with more practiced skill can see that I failed and not the remedies. Here let me conclude with you, that failures often come from lack of confidence rather than from too much doing—from not pushing the remedy "to effect." As in every other business, failure will come if the job is not complete. Well I grew in granule life; having a supply here in Kansas City I drew from it without your knowing it until I got full of active principles and out of the drug store galenics. And there I stand. I would no more relinquish the former and go back to the latter than try to plow this beautiful sand for a crop with a stick!

Let us see what have been the results of the use of "measured doses" on dis-

In some cases convulsions appear in the child born during an eclamptic seizure; outlook is unfavorable.

The child born during an eclamptic storm is frequently asphyxiated: this is due to respiratory disturbances in the mother.

eases in my hands, always remembering that what we give we give it to effect.

I have cut short pneumonia using the Defervescent and Trinity granules to control the destructive forces, and meeting other indications according to nature. In one case I kept a school teacher from dismissing his school, as it was the second attack, the other having lasted many weeks. I had him back at work within two weeks. Typhoid conditions cease to be the horror they formerly were when treated upon the plan set forth in the CLINIC (the antiseptic method). Croup with Calcidin is no longer such a terror.

To make it short, Mr. Editor, I wish to say that nearly every principle relating to the practice of Alkalometry as set out in the CLINIC has been verified by me, and I am amused at the silly objections urged against the practice of Alkalometry by some of our fellow doctors; it is passing strange that any set of men should close their eyes and ears to a cause, which has nothing but good in it for them when rightly embraced. It now seems that many of the profession will be struggling along in the old ruts long after the band-wagon has passed with its load of laity and progressive M. D.'s. The people are being indoctrinated and are an important factor in the spread of the truth. Messrs Editors, you are doing a work which marks an important and vital epoch in the history of medicine. You are right beyond a reasonable doubt and from now on must assume the aggressive. We can no longer parley with ignorance nor wink at cupidity, but with the strength which comes from conscious rectitude, open the eyes of the blind, make the deaf to hear and help

the lame to set at the Alkalometric feast and see, hear, and do the behest of perfecting science.

R. I. McQUIDDY.

Merriam, Kans.

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We publish the foregoing and leave the reader to draw his own conclusions. There are times to talk "to effect" (remedial or otherwise) and times to keep silent. The doctor has said enough to make any man who still refuses to use the active principles think. While he is thinking we will keep still for we are sure he will be thinking hard and we don't want to disturb him.—Ed.

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DEAF AND DUMB!

Referring to Dr. J. B. Wright's deaf and dumb case at Caldwell, Utah, I will relate a strange case that came under my notice. Mr. M., a gambler by profession who came to this town and mixed "with the boys" was to all intents and purposes stone deaf and dumb. He gambled with the boys regularly every day and managed to amass a neat sum.

Knowing him to be deaf and dumb the confederates against him were numerous and outspoken around the table. There were numerous insulting epithets landed under his very nose and to his address, but he never winced and never betrayed in the least that he was conscious of the vicious and treacherous language used against him. Sudden noises and innumerable traps were laid to surprise him, but he was immovable. He got drunk with the boys, but never once betrayed the least sign of hearing or articulation.

This lasted six months, and one day

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The fact that albumin is present in the urine during gestation does not necessitate eclampsia but makes it likely.

Albuminuria, edema, deficiency of urinary solids, headache, lassitude in a pregnant woman, call for elimination and dieting.

while in a barroom surrounded by his many pretended friends he all at once exclaimed to the great amazement of every one: "Well, boys, the game is off. I have learned to know you, I have got your money and now let's have the drinks for I am going away to play my game elsewhere." He treated and went off. He came back repeatedly after that and always spoke and heard. I had seen him and made signs to him many times while on his first visit, and I had no doubt as to his being a deaf mute.

This may have no bearing on the other case, but it shows what mimicry will do sometimes.

C. M. MENVILLE.

Houma, La.

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This is of interest. "There are more things in Heaven and earth, Horatio, than are dreamed of in our philosophy." It is remarkable what suggestion and an attempt to do what others do will do.
—Ed.

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A "TALE OF WOE!"

Will you kindly listen to my tale of woe? You *must* listen to it, because it is all your fault. A few days ago I was called to see a nice looking little chap, four years of age, suffering as follows: He had had a croupy cough for a couple of days and now presented marked dyspnea, with a ringing barky cough, recurring at regular intervals. The face was flushed. Inspection of the chest revealed that on inspiration the post-clavicular, suprasternal and inframammary regions were depressed; abdomen retracted. The pulse was 120, temperature 102.6° F. Distress was pictured on every feature.

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One of the best diets for the woman suspected of eclamptic tendency is milk exclusively; add salt or sodium bicarbonate.

The obstructive membrane in the larynx was marked. I diagnosed and explained the case to the parents at its face value. Treatment: Antitoxin 3,000 units (Mulford), calcium iodized gr. ½ every twenty minutes. In six hours I called again and noticed much improvement. I ordered the Calcidin continued in the same dose; called again in twelve hours and to my surprise found the little fellow sitting up and playing as though nothing had been the matter with him—all symptoms gone. But hold on! The parents jumped upon me and told me that a friend of theirs called in my absence with his doctor, who said that there never could have been membranous croup, for the latter could not have been aborted in such a short time. He has been in practice for twenty years and of course is believed. And this is all due to your Calcidin. Now is this not all your fault? If I could have treated the case, as I used to, the case would either have lasted eight or ten days, or more likely the little patient would never have recovered.

D. HANDMACKER.

Cleveland, Ohio.

—:o:—

We cheerfully composed ourselves to read your "tale of woe" to the bitter end, as you say we must listen to it, but we cannot agree with you that it is all our fault. You had something to do with it. If you had not had the gumption to treat the case properly there would have been nothing for you to tell a tale about. We congratulate you, but just such reports are being received daily. Calcium iodized cures croup provided there is no membrane present, but as soon as membrane presents itself, it is necessary to treat for

Have pregnant women under treatment for albuminuria wear flannel next to the skin and bathe daily.

the more serious condition—diphtheria, for while it is not always diphtheria, it is quite apt to be, and we cannot afford to take chances. We have called attention to this editorially and in our correspondence, and yet once in a while someone will write us and abuse calcium iodized because it has failed to cure a far-advanced case of diphtheria.—Ed.



A FAILURE—AND THE REASON WHY.

I am in a profound quandary and I don't know whether you can give me any light or not. I have just lost a seven-months-old baby with pneumonia that I treated with the alkaloids and it is the first case I ever treated with the alkaloids that I did not get some results from the treatment.

When first called to see this baby I found a temperature of 103° F. and marked evidence of catarrhal pneumonia. As its heart was rapid and weak I began the treatment at once with the Dosimetric Trinity, No. 1. Now your rule is one granule for each year of the child's age plus one in twenty-four teaspoonfuls of water; but as this case seemed to me an urgent one I put six granules into twenty-four teaspoonfuls and ordered a teaspoonful given every hour until I saw the child again.

It happened that I was called away and did not see it until the next day, when I found that the mother had given all the medicine and that the child was much worse. I then put ten granules of the Trinity into twenty-four teaspoonfuls and told the mother to continue the same dose every hour. I thought that this was an enormous dose for a child that age

but I was looking for effect. In ten hours I saw the child again, but there was no appreciable change, so I ordered the medicine continued, a teaspoonful every hour as before.

The next morning I found the temperature 104° F., pulse very rapid, no effect from taking ten granules in the twenty-four hours. In desperation I put twelve granules in twenty-four teaspoonfuls of water and said to the mother: "You give the child a teaspoonful of that mixture every half-hour unless the temperature falls. When it falls to 102° F. give it every hour instead." I left her a good thermometer and instructed her how to use it and told her to take the child's temperature every two hours and make a record so I could see it.

I expected to find that child either dead or better the next morning, but to my surprise there was no special change. The mother had followed my instructions to the letter and given that medicine every half-hour all night. That child had taken twelve granules in twenty-four hours without any marked effect for good or ill. She complained that giving the medicine so often the child could not get any rest, so I told her we would drop back to hourly doses. To make a long story short the child took the next twenty-four hours fourteen granules, and the next, seventeen granules. At 11 a. m. the temperature was 103° F., at 6 p. m., 105° F. and at 12 o'clock it died.

The adjunct treatment was hot flaxseed poultices encircling the entire body, changed every two hours. This was used for the first three days, then the cotton jacket was substituted and the lungs well greased with turpentine and lard every four hours. The child



Massage and regular exercise together with alcohol rubs are of service in the albuminuria of pregnant women.

Digitalin, scillitin, arbutin, lithium benzoate, and chimaphyllin are of service in the albuminuria of pregnancy.

nursed very well until the last two days, when Bovinine and milk were given by the teaspoonful.

Now can you wonder I am in a quandary? I do not believe the child would have been any sicker or died any sooner if I had never given it a dose of medicine. Perhaps I may be mistaken but for all I gave it I never saw any marked effect. You make a Trinity granule one-fourth of the strength of No. 1 and I have wondered since if it could be possible a mistake had been made and the wrong label used. Could you tell by inspecting the bottle whether this is so or not? I never ordered or used the one-fourth strength. How could that seven-months-old child take seventeen of those granules in twenty-four hours without effect?

The father and mother are intelligent people; they and the grandmother and an aunt took care of the child through its sickness. It was their first and only baby and never parents worked harder and followed directions closer to save that boy than they. The family lives three miles in the country and I could not see the child as often as I wished to but saw it on every day and some days twice. Can you offer any explanation?

F. T. F.

—, Wisconsin.

—:o:—

We are going to tell you why that child died and so perhaps prevent such an accident again. You forgot to rid the system of the *materies morbi*. You might have given aconitine till doomsday but with the bowel and blood loaded with toxins the temperature would have remained where it was. First of all in such cases *clean out*, then render the

prima via as aseptic as possible and you will find the temperature easily controllable. Calomel and podophyllin, 1-12 grain of each half-hourly for four doses, followed by a saline laxative will do the cleansing for you. Then the sulphocarbates in solution will prevent toxemia. Nuclein should have been given from the first and calcium iodized to asepticize the respiratory tract. In giving the saline to children dissolve two teaspoonfuls in a glass of water, sweeten and flavor with lemon and give an ounce every half-hour or so. The granules were effective, never fear, and in the dosage described served to depress vitality. Cactin or strychnine should always accompany aconitine in these instances. After you have thought over this case with this light you will see where the weak point of treatment lay.

—Ed.



GOOD WISHES AND AN EXPERIENCE.

I am not in the habit of writing for publication, but I cannot refrain from saying a good word for the good old CLINIC. I have been taking it for years (my son is taking it now) and of the five medical journals I take I receive more good sound reading, gain more practical knowledge from it than from all the others. Other publications will possibly say this is a big assertion. So it is, but nevertheless it is true, and I am especially fond of it and its mode of treating the sick. I am using the alkaloidal plan, the granules, and have my first time to be disappointed with them. Especially am I fond of giving the aconitine principles. The Dosimetric treatment is growing in



There is no better laxative for the pregnant woman than castor oil. Half an ounce every other night for a month prior to labor.

Heat castor oil in bottle, pour it on a little hot milk and follow with plain hot milk and it will be taken readily.

my section and I long for the day that it will be the only method used. I was very much interested in "Four of a Kind" in the February CLINIC as three years ago I delivered, as Dr. Freeman expresses it, "two of a kind," a boy and a girl of two colors, each having a separate father. I am sorry they did not live. I also read with interest "Keep a Pulling" in the same number.

I have a very interesting case to report that I hope will be of interest to some of the brethren. Mrs. S., mother of several children, fifty odd years old, came to me with pain in the lower hypochondriac region, some enlargement, great tenderness on pressure. I diagnosed it as some ovarian enlargement but it would not respond to my local treatment, hence I advised an operation. I took her to a specialist who found a large encysted tumor complicated with a floating kidney. This necessitated two operations from two incisions. The large tumor was removed through a frontal incision and the kidney was reattached or stitched back through a posterior one. On examination of the tumor we found it to be a solid compact mass of hair. In appearance it was common human hair measuring from a few inches to twenty inches in length. There was also a well-formed tooth in it which I have on exhibition now, and often explain its strange origin. Mrs. S. made a prompt recovery and is one of the most active ladies in our town. This patient was under the anesthetic two hours and three-quarters.

Farther and to the query department I resort for information. I have under treatment and care my sister-in-law who has had five successive abortions, the

terms of conception being anywhere from four to eight months. The fetus invariably dies in utero and she has a chill followed by the usual accumulation of milk with the various other symptoms of a dead fetus *in utero*. Then in from five days to two weeks she aborts. I have carried her through the three last ones with great care. She is plethoric, thirty-three years old, five feet four inches high, weighs about one-hundred and eighty pounds; there is a good family record. What is the cause of the death of these children?

G. E. F.

—, North Carolina.

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We would rather have the man who is not "used to writing for publication" give us his experiences (even though those experiences can be told in two pages) than print twenty pages of weak "milk and water" generalities from the confirmed writer "for publication." We believe that in the next ten years Alkalometry will be generally accepted by the profession, and we have reason to know that at the present time fully 50,000 physicians use the active principles in whole or in part daily. And it is the men at the top who are doing this—those who *know* the fallibility of medicines. From the data you furnish it is impossible to give the cause of the repeated abortion. Syphilis is a frequent cause but this seems to be excluded by the history. Some women seem peculiarly liable to this accident, the slightest injury, excitement or local congestion, being apparently sufficient to terminate the pregnancy. Make a careful local examination and treat any abnormality



Teach your primiparæ to develop their nipples and explain personally the importance of having them in good condition.

Always caution young parturient women against unduly irritating the nipples; abortion has followed friction and massage.

which you may find. Displacements, adhesions and diseases of the uterus or appendages are frequent causes.—Ed.



"MILK SICKNESS."

Dr. Mason has asked for an expression as to the cause of "Milk Poison," or as others call it, "Milk Sickness." Since I have been in practice I have never seen a case but when a boy at home, members of our family were afflicted with this disease as were many of the neighbors, of whom many died. Dr. Chas. Rasendale, now of Peoria, Ill., was our family physician and was quite successful in treating the malady; he could perhaps give you much light on the subject.

We always believed the trouble to be caused by a plant belonging to the order of Umbellifera; it was called white snakeroot. However, I have never analyzed the plant and cannot say that the name is correct. When we had cleaned our pasture land of this plant we had no more of the trouble. One thing I do know and that is that expressed juice from this plant and the breath of the patient thus afflicted had the same odor and if inhaled for sometime would cause nausea.

The plant of which I speak grows to a height of from one to three feet, and has a white blossom. One tract of land nearby, in August and September would look as white as a field of buckwheat in full bloom, and if stock of any kind fed there they immediately developed the disease. Since the plant has been eradicated there is no trouble with stock pastured on the land.

I hope this very inaccurate descrip-



Hiccough: Easy—give the antispasmodic triad, hyoscyamine, glonoin and strychnine arsenate, a granule each every ten minutes.

tion may help some one to find the cause of this trouble.

P. R. BRUBAKER.

Bucyrus, Ohio.



MILK SICKNESS; TREMBLES.

I see in the February CLINIC, 1904, on page 192, that Dr. R. W. Mason desires some of the old "rough and ready" to come to his rescue to tell the cause or what "milk poison" is. I will commence by saying that I think I have treated one hundred patients or more in the days that are past and gone. In my first cases of milk poison I used to decide in the end that I was not built of the right material for a doctor. However, I kept on trying to effect a cure and finally succeeded in relieving every case, provided I was called in time. Now, to the point. Dr. Mason asks this question: Is the cause to be found under the surface and does it arrive as a vapor and settle on vegetable matter? According to my observations the above proposition is correct. Why I think so is from the fact that no animal is in the least danger of milk poison after the sun dries off the grass but if the milch cow eats the grass while the vegetation is damp, her offspring or any person who drinks her milk will suffer from milk poison. And if the right treatment is not given, death will soon close the scene. I will say that the cow that gives the milk is immune. I feel confident from very careful observation that the poison is a mineral that arises as a vapor and settles on the vegetation. Some of our text-books say that it is cobalt, and this I firmly believe it to be, from the symptoms.

I will now give the treatment with

Quinine has been recommended for day and for night blindness. Give gr. j to ij every two hours till ears ring.

which I controlled every case when called in time. The first thing was to stop all cold drinks; next apply a heavy mustard draft to the epigastrium; next I gave twenty grains of calomel, the only reliable antiemetic I ever found, and which would stop the vomiting at once. In three hours I gave four tablespoonfuls of hot castor oil. In four or five hours the calomel would commence operating. Then the patient's strength was sustained with hot brandy or whisky until the medicine ceased to operate.

I write this for the good of suffering humanity and to some physicians who have never met up with a case of milk poison, hoping if they ever do that they will report. Wishing the editor a long life that he may continue his noble work in educating us "old faithfuls" how to use the true and reliable remedial agents.

R. F. B.

—, Ind. Ter.

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Count us out on the alcohol. The editor has had no experience with "milk sickness;" but would not the rational treatment be rapid elimination, as suggested by the doctor, but perhaps with smaller doses of the calomel followed by the saline, then support with strychnine arsenate and digitalin?—ED.

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MAKING RESULTS "TALK."

I have been a reader of the CLINIC now for nearly two years and can safely say that it occupies first place among the many journals that I take. Everything in it is beneficial to an honest-thinking physician. The articles are brief and to the point; easy to comprehend and helpful to the Alkaloidist if well digested.

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When day or night blindness results from a scorbutic state, citric acid has proved curative. Try lemon juice.

I am using the alkaloids with success whenever I have given them a chance, and I now feel that I cannot get along without aconitine, colchicine, digitalin, glonoin and many others. My success with the Defervescent Compound and Dosimetric Trinity has not been as complete as I expected; but I never fail to get results when I mix up the component parts of these compounds myself. I have treated some twenty or thirty cases of typhoid with the alkaloids exclusively with a mortality of three, and the sulphocarbolates are my standby in pneumonia—I am a firm believer in keeping the intestinal tract clean and the sulphocarbolates do this to perfection.

I dispense many alkaloids myself and find much satisfaction in so doing as the method of administration is easy to understand and accurate. Of the three other physicians here, none of them believe in the alkaloids and they call me the "homeopath" and everything else they can think of because I refuse to write many prescriptions. Yet I never fail to get results out of my "little pills" anyway and results are what the patients want after all. I am going to try to use the alkaloids exclusively this year.

Many of my typhoid patients never had a single cold bath to reduce temperature.

J. E. HARRIS.

Berryville, Va.

—:o:—

We thank you for your complimentary remarks relative to the CLINIC and Alkalometry. If any man once understands aconitine, colchicine and the other alkaloids you mention he is not going to try to get along without them for the simple reason that he can do better work with them than with anything else.

In day or night blindness, treat the general condition and keep the bowels cleared out and aseptic; then add strychnine.

Doctor, we would like to have an article from you giving an account of those cases of typhoid fever. And, by the way, we want to hear from other members of the "family" on this subject.
—Ed.

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A CORRECTION. HYSTERO-EPILEPSY.

In the June number of *our CLINIC*, the types make me say, "Tell the brother (J. E. H. of Texas) to expose the os uteri until it is white, have a cotton-tampon prepared, etc.," when I said, "Expose the os uteri, and with a bit of lunar caustic in your caustic holder, rub around the os uteri until it (the os uteri) is white, have a cotton tampon prepared and roll it over in pure glycerin and place it against the os uteri, and in twenty-four hours follow with warm water douche."

Please correct and oblige.

I notice in your answer to J. M. W. of Texas in his case of "Hystero-Epilepsy" after giving him a splendid course of medical treatment, you say, "*use as much suggestion as is possible.*" Now, Doctor, if a bread pill will cure that young lady, is not the cure all you want? I have had quite an experience with such cases, and have given the condition much thought; I have tried everything medical that held out any promise of relief for my patients, but alas for human hopes! the *fits* would return to worry me. These patients seldom if ever get well from medical treatment alone. You must change their way of thinking, and to do so, you must use the potent power of suggestion. Clean out and keep the *prima via* clean; crowd your

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In either day or night blindness, try the effects of Nuclein Solution, giving about forty minims a day, divide.

reconstructives, hypnotize your patient and give her the proper suggestion for a week, then twice a week for two weeks, then once a week for a month, and you will have no further trouble with her.

The alkaloids! I am sorry I did not know of them twenty-five years ago; Calcidin is "the busy boss." I have just dismissed, after the third visit, a babe four months old, that had every symptom of an approaching attack of croupous pneumonia. Calcidin, pink tablets, Saline Laxative, Trinity, Hyoscyamine did the work. Do I believe in alkaloids?

C. H. TEASDALE.

Ruleville, Miss.

—:o:—

Doctor, you give, yourself, the answer to your criticism. Suggestion is of great value in these cases but to it must be added the treatment by the proper surgical or medicinal measures of any abnormal condition or conditions that may be present. In most of them there *is* something radically wrong and until this wrong is made right there is little likelihood of effecting a complete and permanent cure. Therefore look up any foci of irritation, "clean out and clean up," and follow up with the proper supportive measures. But the mental "bracing" is also necessary to start them on the road to recovery.—Ed.

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NOTHING BUT THE BEST RESULTS.

I have been a silent reader of your valuable journal for the last six years or more, and though I have never taken an active part in its discussions, I have, nevertheless, cared enough about preserving all the good things it contains,

Vineberg reports success in treating puerperal sepsis with Unguentum Crede or Collargolum.—*Jour. Obstetrics.*

to have each volume bound in good style and given a prominent place in my library.

I do not believe that anything I can write, or say at this time will be of much value, other than to encourage the editor a bit, or to strengthen the determinations of some "doubting Thomas" who has only tentatively applied the active principles in his medical practice and is possibly about to abandon them because he has seen no miracles wrought by their use. I am far from being an expert in the use of the alkaloids as laid down by the Alkalometrist, but any fair-minded physician who has carefully used aconitine, digitalin, veratrine, morphine, strychnine arsenate, hyoscyamine, codeine, ergotin, podophyllin, calcium sulphide and iodized calcium for croup, and is willing to discard all these and again rely on uncertain tinctures and fluid extracts is, in my humble opinion, in his therapeutics a hopeless "backslider."

I believe the average physician who has not used aconitine in cases where the tincture is commonly used, is unduly afraid of this drug. I can say that I, with several thousand other physicians, have used aconitine in all ages and in all sorts of cases where the drug is supposed to be indicated and always with the happiest results. I do not recall the loss of a single case of pneumonia in children since I have used the alkaloids and where I had seen the case during the first stage of the disease. I have given aconitine greatly in excess of the quantities laid down by the Alkalometrists' rule, with nothing but the best results. The best rule I know of is the editor's, viz., "Push it in small doses often repeated and give enough to get the desired effect." The same rule holds good

with any of the other alkaloids I have tried. I "respectfully submit" (as the lawyers say) that this is the only rational way to use the average drug. There are a few exceptions, however, like a hypodermic of morphine for pain, a cathartic dose of "salts," etc.

As to the use of iodized calcium, I do not see how I could do without it. I have never used any other drug for any purpose whatsoever, that I have greater confidence in than I have in this drug for croup. I have yet to see the case of croup it does not help—whether spasmodic or membranous, especially the latter.

With Shaller's Guide, THE ALKALOIDAL CLINIC and the granules, any ordinary physician may begin at once to use alkaloidal medication successfully. The Alkaloidal Primer by Editor Abbott in April CLINIC, page 355, greatly interested me, as did many other good articles in that issue. I realize that I have said or told nothing new in this now already too long article, and I am afraid very little "net" will be found in it, but I deem the matter good enough to bear repetition—when we go to church we do not expect to hear anything *new*. It is the same *good* thing told to us over and over again. If anybody will tell me of anything to medicate my patients with, that is better and more reliable than the alkaloids, I will certainly try it.

J. J. MONTGOMERY.

Luzerne, N. Y.

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PUT TO THE TEST.

I wish to report side-by-side tests of Alkalometry and galenic medicine during an epidemic of measles in this

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Watch very carefully every puerperal woman who shows the slightest elevation of temperature.—Vineberg, *Jour. Obstetrics*.

Goldschmidt reports good results in treating arteriosclerosis (atheroma) with Antisclerosin. Supplied by Schering & Glatz.

orough. My galenical friend treated ten cases. He had two deaths and one other case was given up to die. In the same surroundings I have treated and dismissed—well fifty cases. Two of which were complicated with pneumonia and some had laryngeal and others gastric disturbances. I have so far had no death from measles. My treatment is as follows: The bowels are cleared and rendered aseptic according to alkalometric methods, namely with calomel, Saline Laxative and sodium sulphocarbonate. Next, I give calcium sulphide, gr. 1-6 (A. A. Co.). I have used calcium iodized for lung and throat troubles during attack. I use calcium sulphide as a systemic germ killer; also dissolve Triple Arsenates with Nuclein to aid resistance and as a tissue-builder. Dosimetric Trinity for fever, substituting Triple Arsenates with Nuclein for strychnine arsenate, using one granule for each year in twenty-four teaspoonfuls of water. Has anyone any improvement? I look for more work as people are remarking about the results and wonder why others lose and I do not. I can only thank the CLINIC and its able contributors. "Alkalometry" is my motto; use it and success will follow. Long live the little pills and the CLINIC, also the coöperative plan.

W. D. E.

—, Pennsylvania.

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The doctor's treatment is excellent. When the rash is delayed we give a granule or two of pilocarpine, small doses of aconitine to reduce undue temperature with, asclepidin and emetine for the bronchial complications. During the acute stage brucine has proved excellent but the patient cannot be left

on a better tonic than the "Triple Arsenates with Nuclein." By the way, try sponging your patients with a hot, weak carbolic solution. It is very comforting.—Ed.

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ANOTHER ALKALOIDAL ENTHUSIAST.

I am only a novice in the use of the alkaloids and while I do not use them exclusively I have been benefited so much by their use and by reading the CLINIC that, not wishing to be a "clam," I am desirous of contributing my mite. My first experience with them was from a sample of glonoïn that I experimented with in a case of vertigo last July. The result was so pronounced that it gave me confidence and I sent in a small order and have been using them more or less since and to say that I am pleased with them is putting it very mildly indeed.

CASE I. M. W., a girl aged thirteen. Was called July 28 and found her suffering from nausea and vomiting with severe pain just above McBurney's point. Had been subject to these paroxysms, coming on every month at about the same time for the last ten months and had been treated by another physician for appendicitis.

I made a diagnosis of gastric hyperacidity and put her on codeine and hyoscyamine and gave liberal doses of saline laxative. The acute symptoms soon subsided, when I gave her calcined magnesia, and as she had been constipated for years put her on Anticonstipation granules, and one week prior to the time when another attack was due gave dilute hydrochloric acid before meals. Also gave her during the attack and sometime afterward one W-A In-

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For atheroma: Antisclerosin, two tablets thrice daily, an hour before meals; vegetable diet, no alcohol.—Goldschmidt.

Fehling says operation in puerperal sepsis is of very little use; but Collargolum intravenously is of value.—*Muench. Med. Woch.*

testinal Antiseptic tablet every three hours. Was called on twice for more of the Anticonstipations.

Visited the family Sept. 17th in another case and was told by parents that her constipation was cured and she had suffered no more from the paroxysms.

Have treated several cases of typhoid fever with very satisfactory results. Patients will scarcely believe they have typhoid so mild are the symptoms when treated with the alkaloids. I begin by giving calomel, gr. 1-6, every one-half hour till six or eight doses have been taken, followed by two to three drams of Saline Laxative with two W-A Intestinal Antiseptic tablets every two hours. However in sthenic cases treatment is supplemented with acetanilid compound (acetanilid, gr. $2\frac{1}{2}$; caffeine, gr. $\frac{1}{2}$; soda bicarb., gr. 1) enough to produce mild diaphoresis.

CASE II. Mr. J. S., farmer, age 67, Nov. 4 called at my office. Found he had papilloma on the dorsum of the tongue with an indurated base. It was very painful. He had been suffering for about five weeks and been treated by another doctor for two weeks without benefit. I gave him iodoform, gr. 1-6 every six hours, one five-grain tablet zinc sulphocarbolate every three hours to be dissolved on tongue, then swallowed, Wide Awake pills enough to keep the bowels open, and surprised his teeth by having him use as a dentrifice, Listerine, one dram in 6 ounces of water after each meal. November 14 he called again and reported himself very much improved; pain was gone, but the tongue was somewhat sore, the papillæ still slightly enlarged and induration almost gone. Gave same prescription with addition of calomel, gr. 1-6, fifteen doses

to be taken one-half hourly followed by full dose of saline laxative, and for the Wide Awakes substituted Waugh's Anticonstipation granules. He is still using the dentrifice and his wife reported to me, Dec. 3, that his tongue was entirely well.

CASE III. H. I., male, two years old. Pneumonia. Was called Nov. 27. Temperature was 105° F., pulse very rapid, face pale, feet and limbs cool, cough loose. He had been suffering for three days and been given "fever medicine" from the druggist. Ordered cotton jacket. Gave atropine, gr. 1-250, three granules; aconitine amorph., gr. 1-134, three granules; codeine, gr. 1-6, three granules; digitalin, gr. 1-67, two granules—all dissolved in a three-ounce bottle of water. A teaspoonful was administered every one-half hour for four doses; then one every hour. The mother said next day that after giving a few doses his feet and legs warmed up and the sleepiness disappeared. Also gave seven W-A Intestinal Antiseptic tablets dissolved in four ounces of water—a teaspoonful every two hours. Continued this treatment till December, when temperature was 103° F. with flushed cheeks. Cut out the atropine and gave gelsemin, gr. 1-134, three granules in three ounces of water, one dram every one-half hour till reddening of cheeks disappeared, which it did after giving some one-half dozen doses. Also gave nuclein granules, one-half drop, one every three hours. Saline laxative was given every day. December 3 the temperature was normal with slight cough. Gave instructions to continue the nuclein and dismissed the case.

CASE IV. Mrs. M., married, multipara, aged thirty-five. Acute cystitis.

Imre says Sublamine in ophthalmia is as effective as sublimate and as harmless as boric acid. Supplied by Schering and Glatz.

Bamberger found that Collargolum inunctions caused a fall in the number of leucocytes followed by great increase.

Gave arbutin, gr. 1 every hour, and laudanum one-half dram to water one dram to be injected into rectum for two consecutive evenings on retiring. Took two days to cure, but like the following prescription better than the laudumun injection: Powd. opium, gr. 10; ext. belladonna, gr. 1; cocoa butter, q. s. M. ft. sup. no. x. Sig. Insert in rectum three times a day or as often as necessary.

J. STANTON.

La Jara, Colo.

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The writer of the above has used the alkaloids to advantage. If in his preliminary "cleaning out" he will add to calomel, podophyllin—say gr. 1-6 each half-hourly for a few doses—he will find results even more rapid and satisfactory. —Ed.



THE ANTICONSTIPATION GRANULE AND "MEDICINAL BAROMETERS."

Some natures are perfect medicinal barometers, which manifest the physiological symptoms of alkaloids most beautifully. From some of these, untrammelled by previous instructions and ignorant of what they were taking, I have learned some very valuable truths. Such an one is the female who maintained that your Anticonstipation granules slackened her menstrual flow. (Query 4150, March issue.)

Now, Doctor, in the same issue you advise glonoin and atropine for hemorrhage and give the reason as you always do in such a lucid manner, basing your reason upon the pathology present and the known symptoms (so to speak) of the remedies you advise. You do this plainly and indisputably, that he who

runs may read. Following your plan, it cannot be long before all the medical world must know, if they've brains enough, that through Alkalometry, and in no other way, will the practice of medicine become a science.

After saying that a hemorrhage was a congestion fed by contraction of the superficial capillaries, and that glonoin by dilating the capillaries and atropine by determining the blood to the surface and filling the glonoin-dilated capillaries constituted a perfect hemostatic in internal hemorrhage, you say in reply to Query 4150 that you cannot see why the Anticonstipation pellets should check the catemenia.

Now what's the matter with the atropine and emetine? The two combined are even better hemostatics than glonoin and they divert the blood to the surface. That's why. To stop a hemorrhage by equalizing the circulation or by diverting the blood to some other territory is beautifully scientific and eminently better than by the administration of capillary constrictors which increase the force of the current. And as a reflex, physiological hemostatic, glonoin and atropine are great. But atropine and emetine are as good.

Now do you see why the Anticonstipation pellets decrease the menses? They'll do it every time in those perfectly-balanced delicately-poised medicinal barometers. I doubt if the pellets would be at all risky for pregnant females if glonoin were also added.

S. B. POLAND.

Griswoldville, Ga.

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Thanks for your courteous comments. We quite agree with you, that some peo-



Gottheil uses Sublamine in parasitic scalp diseases, ringworm, in strength up to 1 to 750, with good effect.—*Med. News.*

Duque got splendid results from intrauterine injections of Hydrozone—undiluted—in puerperal sepsis.—*Rev. Med. Cubana.*

ple seem to be "medicinal barometers." We also quite realize the force of your argument, but, Doctor, you and the writer probably have different ideas as to the conditions present during and the cause of the catamenial flow. We shall publish your communication and have the family give their ideas relative to this subject, and perhaps we may present our argument on the matter at some length as a finale. Do not think that we in any way criticize your reasoning. It is excellent. It is quite evident that you are a keen observer of little things, and this means everything in the physician.

—ED.



DOSE ENOUGH.

Here I have been practicing applied therapeutics for twenty years and not until three months ago, when I had the good fortune to obtain my first copy of the CLINIC, had I ever thought of such a "truth" as embodied in the two words that head this article. Previous to 1904 I had practiced medicine, parrot-like, purely, the text-books my guide; and do they not say, so much is the dose of this and so much of that? When that amount is given and no results are obtained, what then? I thought when I had given the maximum text-book dose that I must stop, regardless of the condition of my patient. Coward! you say. Yes, dear brother, I confess here and now, but where ignorance is bliss, 'tis folly to be "blistered." I know better now. Of course it is taking for granted, before you give or apply any remedy, that you have fully made your diagnosis and expect from the remedial measure which you have selected, only results

which it is capable of performing. To illustrate:

The other day I was called to a home of squalor, where I found a mother sitting in bed, shrieking loudly, "Oh my head! Oh my head!!" A hasty interrogation brought out the history: She had been in awful pain in the head for twenty-four hours; her bowels had moved the previous day; she had eaten nothing beyond the simple diet her larder afforded; she had menstruated normally and "on time" only one week previous. Examination showed: Pulse 120; temperature 103.5° F.; respiration 26. The lungs and heart were normal, stomach practically empty (no gas) but in the ascending, transverse and descending colon there was a hard mass. Mental diagnosis: Toxemia from fecal impaction. In spite of her statement that she had a good passage from the bowels the day before, with only a two-quart fountain syringe in my case I went to work and gave soap-suds injections—four injections per hour. The first hour no results whatever, only the contents of the injections were passed; but "dose enough" rang in my ears, and I, naturally feeling sure of my diagnosis, continued my injections. An ounce of glycerin in my case and four ounces of Epsom salts were also added; at the seventh injection a little gas passed with the soap suds. I kept on till the eleventh injection brought me the victory, which in this case consisted of one and a half large chambers full of feces in a horrible state of decomposition. Then six 1-6 grain calomel tablets (A. A. Co.) were left to be taken one every half-hour to be followed by two teaspoonfuls of Epsom salt (I had no Saline Laxative then) to be followed by five-grain doses



The use of Sublamine to prevent or cure gonorrheal conjunctivitis seems too well established and valuable to be neglected.

Cough: For dry cough with little secretion, apomorphine by mouth only, gr. 1-10 to 1-4 every hour till effect; does not nauseate.

of the Intestinal Antiseptics. Forty-eight hours after the first visit patient was up and well, toxemia all banished, because she received "dose enough."

DANIEL G. LASS.

Hull, Iowa.

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Good. The "dose enough" motto doesn't apply only to the giving of medicines. It's bigger even than Medicine. Go after results and don't stop till you get them.—Ed.

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SOME HELPFUL HINTS.

Your journal is always calling for more material from the general practitioner's experience, which all of the CLINIC family enjoy reading. I will give you a few notes if you think they will be appreciated.

Chilblains.—I read a prescription in the *Medical Summary* about twelve years ago for chilblains, as follows. Zinc acetate, gr. 10; aquae font., O½. M. Sig. Apply night and morning for one week. Do not dry with a towel. I have often prescribed this and have not yet found a case of chilblains that cannot be cured with it.

Copper Arsenite.—When I prescribe this drug I give it in full doses and often until I get the full physiological effect, which is shown by the taste of copper in the patient's mouth, which I tell him to expect. When this sign appears I direct that the remedy be taken less often, but enough of it to keep up the effect.

Aconitine.—When the fever is high. I also give the pink pills in larger doses than Dr. Shaller prescribes, but as often, until I get the physiological effect, which I explain to both the patient and nurse as follows: When the patient feels a

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picking or prickling sensation on the palms of his hands or on the face or in the mouth he is to take one pink pill less at a dose and subsequently as directed.

Temperature.—When I leave my instructions with the nurse to give the medicine as directed until the fever is gone, I tell her never to trust the temperature of the forehead as a guide, for while the temperature of the patient is on the rise or stationary the forehead is always too hot, but when there is any slight decline of temperature the forehead becomes damp from sweating and cold to the touch. The hand should be put under the clothing on the naked body of the patient and the nurse will seldom be mistaken as the clothing prevents the cold air of the room from producing any effect on the uncovered body.

Coffee and Tea.—Coffee or tea, as it is prepared by the good housewife for the daily use, is the best liquid that I have ever found to mask the taste of drugs of all kinds, when it is necessary to prescribe them for children. I measure out twenty-four teaspoonfuls of tea or coffee, dissolve my granules or tablets in it, and sweeten the liquid well. I have no trouble in getting the little ones to take it. I instruct the mother never to mention medicine in the presence of the little patient but always to say, "Take your coffee, or tea, as the case may be. The little ones always welcome me when sick, for they say I never give them medicine.

C. STANTON.

Green Bay, Wisconsin.

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GALLSTONE COLIC.

The following case is a curiosity to me—probably not to you. Miss A., 22

Cough: For dry tickling cough coming during sleep, give lobelin gr. 1-12 every ten minutes till relief or nausea.

Cough: For the cough of advanced phthisis or when secretions accumulate give sanguinarine to stimulate sensation.

years old, a school teacher, complained about three months ago of attacks of severe pain on the right side, just below the ribs and a little to the right of sternum bone. The pain seems to extend upward three or four inches and downward about the same distance; it extends through the body to under the shoulder blade. Her former physician put her on olive oil. I was called to see her early in March and found her doubled up with pain. I gave her relief and put her on colchicine to stir up the liver, giving two granules every two hours till effect. The result was 91 little stones about the size of the enclosed samples. Two days after the stones came, pain attacked her again and lasted two hours. Were the little stones the cause of the colic and what would be the very best treatment to put her on?

B. J.

—, Indiana.

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This unfortunate patient is suffering from gallstone colic, Doctor. For this condition give boldine and sodium succinate, three tablets of boldine and one tablet of sodium succinate three or four times daily for several months. For the acute condition give atropine or hyoscyamine and strychnine (hyoscyamine preferably) one or two granules of each dissolved in a teaspoonful of hot water, and repeat half-hourly until results, then give calomel, gr. 1-6; euonymin, gr. 1-6; and podophyllin, gr. 1-6 half-hourly for six doses and follow with a teaspoonful of sodium phosphate in a glass of hot water. You may have to repeat this treatment in a week or ten days, that is to say it is necessary to repeat if the colic returns. Olive oil is splendid treatment in

all these cases and should be given freely. Colchicine would act as a cholagogue but is not the best remedy in the condition.—Ed.

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MADE HIS HEAD "BUZZ." GALL-STONES.

I have been a reader of your most excellent journal for three months. During my short period of activity I have learned innumerable heretofore obscure facts, and have been compelled to unlearn as many things that were not facts. At first I was the king of skeptics regarding your little granules, and the little case I received when I subscribed for the CLINIC was chucked in a pigeon hole in my desk as containing a dangerous lot of poisons. But I read and re-read each copy of the CLINIC until my head began to buzz with things that looked good to me. At last I determined to try a few of the little pills—aconitine, Infant's Anodyne, etc. To say that I was surprised is not expressing my condition of mind in the least. I kept on trying to doubt them, but using a few once in a while, until now I am about at that stage of the game where I am about to break into the pasture of alkaloidal medication full tilt. If they will do for me what they do for others I will at least get one or two nights' sound sleep out of each week. In the CLINIC for April one of our Alabama brethren asks about and wants suggestions for the treatment of gallstones. By giving him the history of the two following cases, I may be of some service to him.

CASE I. Mr. P. W., age 59, ranchman. This man had been treated by several of my competitors in this vicinity,

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Cough: Scillitin, senegin and ammonia make one cough harder; useful as secretions accumulate and sensation is low.

Cough: For incessant, convulsive, reflex or nervous, give gelsemin, a granule or two every hour till eyelids droop.

had been to several cities, surgeons wanted to operate but he refused operation. I was hurriedly called to see him Aug. 16, and found him suffering with a severe attack of gallstone colic. I gave him morphine, gr. $\frac{1}{4}$, to stop the pain, and put him on pure olive oil, four ounces every two hours. His stomach resisted oil at first, so I used the stomach tube the first day; the second day he could take it without any trouble. On the second day he had another attack of colic but less severe than the preceding one; kept his bowels very active all the time. Persisted in this treatment, until the eleventh day, when all pain had ceased and the following morning I was rewarded by finding three stones about the size of hazel nuts in the stools. His recovery was complete and uneventful.

CASE II. Mrs. D., age 39, housewife. Had suffered with gallstone colic at different times for eight years. She had been operated on once and had been treated by every doctor in this country. I was called about 2 a. m. on the morning of March 14; found her suffering the most terrible agony with an attack of gallstone colic. She was intensely jaundiced. I gave her morphine for the pain and put her on the olive oil treatment. She had attacks of colic every day for fourteen days; these were stopped with morphine and codeine. I kept her bowels very loose. On the fifteenth day the pain ceased entirely and the next day she passed seven "rocks" of variable sizes. Her recovery was complete and uneventful.

This treatment may seem like going at them rough shod, but it will do the work every time if persisted in. If those who have these troublesome cases to contend with will give this mode of

treatment a good trial, I feel sure that they will meet with success.

L. C. DAVIS.

Harrison, Neb.

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The head that can be made to "buzz" when the CLINIC stirs it up is sure to have the right kind of "works" in it. Now that the machinery is working right the results will come—we are sure of it! Doctor, your treatment for the gallstones is all right, though we prefer hyoscyamine and glonoïn for the colic. Now put your patients on sodium succinate, and keep them on it, and they will stay cured.—Ed.

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CORNS. PERTUSSIS.

Every evening on retiring I bind a slice of lemon over the corn. A very few applications does the work. This is the best treatment I have ever tried. It has one great drawback; people pass it around and the doctor soon loses control of its use in the neighborhood, for the doctor's own good it would be well to furnish the patient with a bottle of lemon juice to be applied on a pledget of cotton on retiring.

Recently I was called in consultation in a pertussis case. The child was evidently dying. The other M. D. had no further suggestion to make as to treatment and I was almost in the same predicament but I had been reading in the CLINIC of hyoscyamine and strychnine arsenate in colic, appendicitis, spasm of neck of bladder, womb, etc.; here was a spasmodic condition of the respiratory apparatus. I prescribed and left, never expecting to see the child alive again. In six hours I was hurriedly

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Cough: For nervous, periodic night cough, give strychnine enough to restore the relaxed tissue to full tone.

Cough: For fetid sputa give creosote, eucalyptol, thymol, cubeb, myrtol, menthol, copaiba, or turpentine.

called and expected only a death-bed scene, but the child was greatly improved and the parents wanted more of the last medicine.

The child finally died but I am sure its life was prolonged by the antispasmodic effect of hyoscyamine and strychnine arsenate.

For worms, give cowhage down in capsules after meals.

F. POLLARD.

Albion, Cal.



ABBOTT'S ALKALOIDAL DIGEST.

Dear Doctor Abbott:

Have received your book, Alkaloidal Digest, a veritable *vade mecum*, and must say that it is a real *multum in parvo*. The old Therapeutical Notes, has become an invaluable companion to the busy doctor, as well as to those, like myself, who are about worn out. Often, when in doubt as to the therapeutical action of some alkaloid, or wishing some clinical suggestion, it has seemed just the thing to have handy, but frequently of late, disappointment has been in store for me, from the fact that many new alkaloids that have made their appearance were not in the list. This has been most admirably remedied by the appearance of the Digest. Indeed it is most welcome, and, Doctor, let me congratulate you on this, not new, but continuous effort of yours to be up to date. You have added another feather to your reputation of being a leader in the onward progress of therapeutic accuracy, and the profession is again much indebted to you for this latest success.

J. Y. SHINDEL.

Middleburg, Pa.



Cough: For bronchorrhea from mycosis, give creosote, menthol, thymol, turpentine, myrrh, cubeb; and strychnine.

This little book is for the doctor, and while it is our intention, in the interests of Alkalometry to ultimately mail a copy with the author's compliments to every American physician, and while this mailing is even now going on, if you haven't received your copy and would like one, drop a line and say so to The Clinic Publishing Co., Ravenswood Station, Chicago.—Ed.



DISLOCATION OF THE FEMUR.

I have often been amused as well as instructed by reading communications in THE ALKALOIDAL CLINIC. Sometimes I have taken up my pen to write some of my experiences and then the idea would come to me, "you are too much of an old fogey, better let writing alone." But today, the last of the year and nearly my last probably, I will relate one or two instances where "necessity was the mother of invention."

About thirty-five years ago I was called to see a young man whose horse had fallen while he was on horseback. The messenger said he was badly hurt and to "come quick." In those days I went as quickly as the average man. I found a large muscular young man with the head of the right femur dislocated, backward. After chloroforming him, I tried all the movements I had heard of or read of and the head of the femur would apparently move around on the outside of the acetabulum but refused to go in. As usual in such cases, in the country, the room was full and if I had no enemies, older doctors had strong talkative friends, and they talked and I sweat. Soon an idea came to me that I believe to this day is the easiest way to replace

Cough: For winter cough give creosote, eucalyptol or some other volatile agent and use an oil atomizer with Camphoral.

the head of the femur. I selected a strong man to hold the patient's pelvis as firmly as possible by grasping the left thigh with his left hand and the right ilium with the right hand, then I placed a strong cloth as high upon the right thigh as I could for a fulcrum. I then grasped the lower end of the femur with my left hand, the ankle with my right hand, flexed the knee and pushed the knee inwards, while my fulcrum man pulled outwards; a slight rotation of the femur with my right hand caused the head of the femur to glide up over the acetabulum and it went home with a "chuck" distinctly heard by all in the room. Since then I never sweat when manipulating the dislocated head of a femur.

When I find an elbow-joint with the ulna dislocated backwards I get an assistant, to stand in front of the patient and grasp the hand and wrist with his two hands while I hold the humerus close to the elbow with the fingers of my hands, and as the assistant pulls, with the elbow at an angle of about seventy degrees; I push with my thumbs on the upper end of the ulna and it goes in easily.

E. L. C.

—, Ohio.

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We are always glad to hear from "the old war-horses." They are full of practical hints like this one, which should help the younger men out of many a tight place. Thanks, Doctor, try it again.—ED.

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TYPHOID FEVER—CAN IT BE ABORTED?

I have been a reader of the CLINIC for several years and have gleaned from its

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pages much of pleasure and profit. I notice that typhoid fever has ceased to be a terror to the human race. The disease is diagnosed at once and a treatment found which aborts it. Surely the medical millennium is here! Now, I am a believer in the intestinal antiseptic medication in all fevers, have used some of the alkaloids and like them, but am skeptical when it comes to aborting so many cases of typhoid fever, because there are some things about it that I cannot understand. The writers on this disease tell us that the typhoid bacilli when once in the intestinal canal penetrate the epithelial lining and reach the lymphoid tissue upon which they exert their specific action and also on the mesenteric glands, liver or spleen.

If the constitutional disturbance in typhoid fever does not depend upon the growth of the typhoid bacilli in the blood then upon what does it depend? The glands of Peyer in the jejunum and ileum and those in the large intestines become inflamed and swollen and are of a grayish white color. Microscopical examination reveals at the outset a condition of hyperemia of the follicles. Later there is an increase and accumulation of cells of lymph tissue which may infiltrate the adjacent mucosa and the muscularis, so that we have the disease not only on the mucous membrane of the intestine but we also have a submucous ulcer. If this be one of the abortive types at a given time the second or third week, resolution will set in and the patient get well but on the other hand if it is of the continuous type how will your intestinal antiseptics reach the submucous ulcer? And if it does not reach the other parts of the body containing the typhoid poison how can the disease

Cough: For dry, little secretion—emetine, lobelin or antimony, small doses often, to signs of nausea, then stop.

Cough: Constant hacking with little or no expectoration calls for lobelin gr. 1-12 to 1-2 every hour till nauseated.

be aborted? Of course the milder cases, do not so much concern us as they recover with reasonable care; but the severe ones, those attended with extreme prostration and a stomach that is intolerant of both food and medicine, these are the cases that baffle our skill, rob us of our rest and lead us to search diligently for truth and light.

To be able to diagnose typhoid fever early and then abort it is a feat that has never been satisfactorily performed by myself, and I may add that this is also the experience of many other physicians in this section of the country. I have in my practice typhoid fever that begins exactly like the remitting malarial type; sometimes ushered in with a chill and fever, temperature 103° to 105° F. the first day. This continues a week or longer when the temperature drops to 101° F. in the morning, 102° or 103° F. in the evening, then running the ordinary typhoid course. The tongue becomes red and contracted, diarrhea sets in, the third or fourth week perhaps there is hemorrhage, and sometimes the patient dies.

This is a malarial country, especially along our streams, and it is usual with us to treat all fevers in the beginning with quinine or the compound cathartic pill which agrees with some much better and serves as well. We clean up and clean out with calomel and salines. In the south we have both the malarial and typhoid fevers in the same section and often, as I believe, in the same patient. Now how shall we be able to distinguish and arrive at a correct diagnosis without a microscopical examination? Remembering that typical typhoid cases in the beginning are rare would you treat all

fever as typhoid? An early diagnosis is essential; but how is it accomplished? I have had unusual success during the past season. I have attended sixty-five fever cases and about one dozen were typhoid, most of the latter being sick from four to seven weeks. The malarial cases lasted from three days to three weeks. I used in addition to my ordinary treatment the W-A Intestinal Antiseptic tablet in all of the severe cases. Some of the typhoid patients however had hemorrhage from bowels. I may add that all the above cases got well. I am pleased with the effects of the Antiseptic tablet and shall continue to use it in my practice. I use also strychnine, digitalis, turpentine, whisky and feed cautiously and bathe often and this course has afforded me the best results. I hope some day to be able to abort this terrible disease, just as some of your contributors claim to do, but I am not yet converted—only seeking truth.

W. W. LASLEY.

Lewisburg, Ky.

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Doctor, you may safely commence the treatment of all these cases with the "clean out, clean up" remedies. They are bound to do your malarial cases good and if faithfully applied we believe you will find them *sufficient* in many of them. The sulphocarbolates may be used (in fact, should be used) even when quinine is indicated. The objections which you raise to the intestinal antiseptic idea are theoretical. It is clinical experience which counts, and thousands of physicians are bearing witness to their efficiency. Keep on with the sulphocarbolates, Doctor. *Push* them and you will soon be an enthusiast in their use like the rest of us.—ED.

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Cough: Spasmodic cough with little urinary excretion needs veratrine gr. 1-134 every hour till better, or pulse softens.

Cough: Spasmodic, dyspneic or asthmatic, may respond to aconitine, anemonin, gelsemin or aspidospermine.

THE TREATMENT OF INTESTINAL DISORDERS.

The doctor who expects to have success with his intestinal disorders must realize fully that there is no "royal cure" for every case. As in all other diseases—in fact in bowel troubles more than in most other maladies—the treatment must depend upon the condition present. In one case we will find that there is a mass of undigested and fermenting matter present. The flux may be considerable but there is a constant passing of undigested particles together with slime, mucus and froth. The pain is severe, tenesmus and "urging" great and the patient gets but short periods of relief.

To give a case like this any opiate or astringent remedy would be to court disaster. The prime indication is to digest or evacuate the contents of the *prima via*. At the same time it is safe to give some carminatives, while others are worse than useless. An excellent plan is to give papayotin, three to six granules, capsicin, two, and hyoscyamine, one every half-hour for three doses, and then begin to give calomel, gr. 1-6, resorcin, one granule, and atropine 1-1000 of a grain, repeating this medication half-hourly for four to six doses. Then give a teaspoonful of saline in a glass of hot water and within three hours you will have an empty stomach and intestine. Now you may with safety give after each stool (which will be water and mucus) one or two of the Diarrhea tablets (A. A list) and every three hours 5 to 10 grains of the Intestinal Antiseptic, W-A—Sulphocarbolates Compound. There will be need for care as to diet for some days and before eating, two Digestive

granules should be given with one of hydrastin.

In cases where the stomach and bowels are empty and the stools are almost painless and watery the treatment will be entirely different. The first thing will be atropine, gr. 1-250, strychnine, gr. 1-67, repeated in 30 minutes. Hydrastin, one granule, chlorodyne, one, and cotoin, two, should be given every hour, or one Antidiarrhea tablet may be given with the hydrastin. This will be the preferable treatment when the condition is acute and inflammatory symptoms are present.

If dysenteric conditions are present then the fight will be longer and the doctor will have occasion to think a little. The strength of the patient has been sapped and this must be stopped, but nothing must go into the stomach which can irritate.

Before giving food of any kind prepare the stomach for its reception. Make a solution by adding two Menthol Compound tablets to eight ounces of water and of this give two teaspoonfuls every half-hour, adding to each dose quassin, two granules, and papayotin, four. In an hour the stomach will be free from debris and beef juice, clam broth, milk and lime water or albumen water may be given and repeated in small quantities often. One Zinc and Codeine or five grains of the Intestinal Antiseptic, W-A, with gr. 1-12 of codeine may be given often enough to control tenesmus and every two hours geranin, one granule, and hydrastin, one, should be given with the two dram dosage of Menthol Comp. Solution.

At least four times daily hyoscyamine, one granule, and strychnine arsenate, one, will be necessary and the use of high

Cough: Spasmodic, nervous, with acute congestion; give atropine very early or cicutine hydrobromate later.

Cough: For dry night cough, nervous, with no sputa, give atropine gr. 1-500 every hour till mouth dries.

enemas will hasten the cure. To each pint of water add either a half teaspoonful of salt or as much Vaginal Antiseptic powder as will lie on a fifty cent piece. In chronic conditions it is often necessary to clean out with small doses of calomel and podophyllin (say gr. 1-6 every half-hour for six doses at night following with saline in hot water the next morning). Then treat as above.

Remember in nearly all disorders of the intestines it is better to give atropine or hyoscyamine than opiates and when you do use the latter at all codeine will prove the best salt. There are exceptions and one of these will be when pain is intense and when together with griping, purging and vomiting there is a twisting and knotting sensation in the bowels. Morphine or chlorodyne will be called for to give immediate relief. The subsequent treatment will of course depend upon conditions present. Don't forget that the Triple Arsenates with Nuclein is probably our best reconstructive tonic and in case of severe exhaustion think of Neuro-Lecithin in connection therewith.

W. C. ABBOTT.

Chicago, Illinois.



PERSISTENT JAUNDICE.

About February 1 I wrote you regarding a woman with gallstones. I gave the treatment as outlined by you for two weeks, then substituted leptandrin in place of the euonymin in double dose for two weeks more, but the jaundice did not seem to clear up much. Then the patient took a notion to take Carlsbad Sprudel salts on the advice of a meddling friend and in four days had a severe gallstone attack and three days later another attack, and in consequence



Hiccough: If the stomach is not at fault, give a hypo of physostigmine gr. 1-134 to 1-67, as an exact physiologic antidote.

feels much worse. She is very penitent now and wants to "doctor" again and I have agreed to treat her on condition of her "sticking." The patient is more jaundiced than ever, the skin very dark, not lemon color; the eyes are jaundiced some; there is no appetite, the tongue is always coated; there is a bad taste in the mouth, nearly everything she eats causes pain, she belches a good deal and cannot take milk; the spleen is apparently normal, the liver enlarged and tender. She feels better in bed.

W. R. C.

—, Illinois.

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So far as we can judge of the case you will find chionanthin, two to five grains of the concentration (Lloyd's) every four hours, together with iridin and calomel, two tablets of each, the remedy most likely to remove the stones which are now impacted in the ducts and causing the jaundice. As soon as the acute condition has subsided sodium succinate and boldine must be continued for months to produce a cure. It would do no harm whatever to give the sodium succinate and boldine treatment with the chionanthin and iridin. Keep her on a low diet. Give the saline or sodium phosphate freely, preferably in hot water and on an empty stomach the first thing in the morning, and we think you will certainly control your case. You must make the patient understand that curative measures are slow and that she must "stick" faithfully for some time. Control any acute attack of gallstone colic with strychnine and atropine or hyoscyamine, one granule of strychnine, gr. 1-67, and atropine, gr. 1-200 (or one granule of hyoscyamine), every fifteen to thirty minutes in a little hot water.—
Ed.

Hiccough: All nerve tonics are useful to break up the habit; best give the Triple Arsenates with Nuclein for a month.

AMONG THE BOOKS

The volume on *Gynecology*, volume four in *The Practical Medicine Series of Year Books*, has just reached us. It is edited by Dr. E. C. Dudley and Dr. William Healy, whose wide experience in this branch of medicine eminently fits them for this work. Like its predecessors in the series this book is of a high type of scholarship. The whole field is covered but not covered in such tiresome detail as to make it weary in the reading. The editors seem to have the rare gift of culling from the immense field of collateral literature the things that are of real importance. At small expense of money and of time the reader can now keep pretty well abreast of the times through the help of this excellent series. The price of this volume is \$1.00, of the series of ten volumes \$5.50.

Musser's Medical Diagnosis, has reached this year its fifth edition. There is no need of saying to many of our readers, who know this standard book, more about it than that it is the fifth edition and hence contains the last ascertained facts in diagnosis. But our readers are constantly increasing from the ranks of the recently graduated, and these perhaps know not yet of the thoroughly scientific and equally practical value of this book. To these we say, if you have been taught that diagnosis is the basis in practice, and you have accepted this truth, and intend to live up to it in your daily work, then get this fifth edition of Musser on Medical

Diagnosis. Cases and phases of cases come up in practice every day, of which you have not heard in the schools, nor in your practice, be it long or short. You need the advice of a greater experience, and this you will find in this book. Publishers, Lea Brothers & Co., Philadelphia, Pa. Price \$6.50.

Quicker than expected the second volume of *von Bergmann's System of Surgery*, original authors and translators the same as volume first, came to hand. It is only in the May CLINIC that we reviewed that magnificent volume. We have not an iota to diminish from what we have said of the first, in applying it to this second volume. We will only indicate the topics of which its nearly 700 pages treat: Malformations, Injuries and Diseases of the Neck, Larynx and Trachea, Thyroid gland, Thorax and Contents, Mammary Gland, and Spinal Cord and Vertebral Column. We can not designate better the quality of this volume than by repeating that it is both Encyclopedic and Monographic. If the whole body be similarly treated as the parts of it are in the two volumes, surgery will have an epoch-making reference book. Publishers, Lea Bros. & Co., \$6.00.

A much-needed book for doctors and lawyers is *Railway and other Accidents with Relation to Injury and Disease of the Nervous System—A Book for Court Use*, by A. McL. Hamilton, M. D., F.

R. S. E. Wm. Wood & Co., New York.
1904. \$3.50.

Manual of Materia Medica and Pharmacology. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental and Veterinary Students. By E. Stanton Muir, Ph. G., D. M. D., of the University of Pennsylvania. Third edition, revised and enlarged. 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The book will be very useful on account of the blank leaves where useful additioned entries can be made. The author is very sparing in information concerning alkaloids; thus for aconitine no dose is given, and the statement is made that it is given hypodermically, a thing no Alkalometrist would ever do. For atropine the internal dose only is given, but that for mydriasis and for hypodermic use is not given. And so exceptions could be noted against the book in other alkaloids. In opium the author uses the word "eliminated" by gastric mucosa. Well, what becomes of it? Is it vomited up, or carried to the rectum to be "eliminated" from the system? No! It is reabsorbed and "eliminated" is not the word for it. We would not have said as much as this did we not like the book for its many excellent qualities. We indulge in the hope of a fourth and improved edition.

H. Bocquillon-Limousin, *Formulaire des Medicaments, Nouveaux pour*, 1904. Paris, J. B. Bailliere et fils; 3 francs. We most heartily recommend this book

in which can be found the latest remedies which have not yet found their place in our pharmacopeias. The "formulaire" does not mean here a prescription, but the real scientific sense of information about the remedy. It is as useful for the English as for the French. It ought to appear in an English garb.

Roentgen Ray Diagnosis and Therapy, by Carl Beck, M. D. 322 illustrations. D. Appleton & Co., New York, 1904. \$4.00. Of the large and growing literature on the subject of the x-ray and its application to medicine and surgery we are inclined to accept this book as very serviceable. Its author has the every-day practice before his mind to which that wonderful ray is applicable in diagnosis and cure. He does not exaggerate in promise and is minute in the details of the technic so as to assure success in what he does promise. The illustrations which are so essential to a book like this are faithful and not "retouched." There is an air of German thoroughness about the book, which we think noticeable, and find no fault with.

The Annual Report of the Surgeon General of the Public Health and Marine-Hospital Service of the United States, for the year 1903. Washington, Government Printing Office, 1904, is a volume which costs nothing and is sent to you by mail for the asking; but it is of great value for every physician who is intelligent enough to want to know of the movements of diseases and hygiene in his native land.

From E. B. Treat and Co., New York, we received another little volume of

Hiccough: Irritation of the pneumogastric is allayed by zinc cyanide, a granule every five to fifteen minutes watching pulse,

Hiccough: Stop the paroxysm by seven granules of capscin dissolved in a tablespoonful of hot water, or a dram of ether.

great value of the von Noorden series on metabolic disorders. This time it is Part V, *Concerning the Effects of Saline Waters on Metabolism*. The question of Saline Therapy is an important one, and for our dyspeptic people most important. We hear contradictions constantly; saline waters increase the gastric HCl and saline waters decrease the very same thing. Laboratory test-tube experimenters are certain of one thing or the opposite and so differ among themselves, and every-day clinical experiments are honestly uncertain. To help settle this question physicians should get this book. Price only 75 cents.



Case Teaching in Surgery, by Drs. Burrell and Blake of Harvard University, is a clear and cogent refutation of the statement which is sometimes made, that reports of cases are useless and are not (to be) read. Ill-selected and not well-understood cases are a bore of large caliber and do not carry far, but those of an opposite quality are of immense interest to lecturer, hearer and reader. P. Blakiston's Son & Co., Philadelphia. \$75.



Epilepsy and Its Treatment. By William P. Spratling, M. D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Handsome octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, \$4.00 net.

Of all authors who write on the subject of epilepsy, it may be said without fear of contradiction, that Dr. Spratling has had the best opportunity of learning the nature and treatment of epilepsy during his ten years' superintendency of the

Craig Colony. The fruit of this is the present invaluable book. We regret to state that he has recently become the superintendent of Bellevue Hospital, since we wonder whether he will be as useful to humanity in Bellevue as he certainly was at Craig. We hope that a worthy man will be his successor there.



Obstetrics, by Dr. Joseph B. DeLee, is Vol. V. of the Practical Medicine Series of Year Books of April, 1904. \$1.00; for the 10 volumes, \$5.50. The Year Book Publishers, Chicago.

Still another volume, and an excellent one in this valuable series. It contains a large amount of information which is of interest—or should be—to every physician.



Electro-Diagnosis and Electro-Therapeutics, by Dr. T. Cohn, translated by Dr. J. A. Scratchley. Funk and Wagnalls, Publishers, New York, 1904. \$2.00.

He that knows most is not always he that makes known best. The author of this book is uncommonly gifted with the talent of teaching, and the American translator who occupies a high place as a neurologist showed the good of "knowing a good thing when he sees it," when he translated the book. This, however, is not a book for the expert, but for the physician who can not conscientiously neglect either the diagnosis of diseases or their treatment (mind you, I do not say cure) by electricity, however insufficient it may be alone in either.



A Text-Book of Operative Surgery. Covering the Surgical Anatomy and Operative Technic involved in the Opera-



Hiccough: The presence of intestinal worms may be the cause, when a few doses of calomel and santalin will cure,

Hiccough: In obstinate cases don't forget a full dose of colocynthin followed by repeated saline laxatives.

tions of General Surgery, for students and practitioners, by Warren Stone Bickham, Phar. M., M. D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York. Second revised edition. Handsome octavo of 984 pages, with 559 illustrations, entirely original. Philadelphia. W. B. Saunders & Company, 1904. Cloth, \$6.00 net.

The title tells exactly what this special surgical monograph is. It does not teach the many, many other things a successful surgeon must know, and without which he does not deserve the name. These the student, or the physician who devotes himself to surgical practice must learn elsewhere. But just because of this omission and of many other things the excellent author was able to give nearly a thousand pages to the single object of operative surgery in all its details. The book is a magnificent one, and the publishers deserve a mede of praise, for its fine appearance.



Obstetric and Gynecologic Nursing. By Edward P. Davis, A. M., M. D., of Jefferson Medical College. 12 mo. volume of 402 pages, fully illustrated. Second edition, thoroughly revised. Philadelphia. W. B. Saunders & Company, 1904. Polished Buckram, \$1.75 net.

A valuable monograph on gynecology and obstetrics from the nurse's standpoint, but of hardly less interest to the physician.



American Edition of Nothnagel's Practice, Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet, of Berlin. Edited, with addi-

tions, by Walter B. James, M. D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome octavo volume of 806 pages. Philadelphia, New York, London. W. B. Saunders & Company, 1904. Cloth, \$5.00 net; half morocco, \$6.00 net.

This volume is really a thesaurus of everything worth knowing about tuberculosis; and the American edition with its additions of materials that have accumulated in the last four years, though few as yet are important, is even more valuable than the original German work.



Diseases of the Intestines and Peritoncum. By Dr. Hermann Nothnagel, of Vienna. The entire volume edited, with additions, by Humphrey D. Rolleston, M. D., F. R. C. P., Physician to St. George's Hospital, London, England. Octavo volume of 1032 pages, fully illustrated. Philadelphia, New York, London. W. B. Saunders & Company, 1904. Cloth, \$5.00 net; half morocco, \$6.00 net.

This excellent volume is another invaluable thesaurus on the diseases of the intestines and the peritoneum. The books of Nothnagel are all detailed monographs and therefore the most satisfactory for reference. We call attention to the international character of this volume. The author is an Austrian; this volume is his own and the volumes which have already appeared and are yet to appear from authors of different nationalities but are under his editorial supervision; the work as a whole is edited by an American with a German name, and the present volume is edited by an Englishman.



Hiccough: Caulophyllin has been advised as specially useful for this sometimes troublesome affection; but seek the cause.

Hiccough: A clonic spasm of the diaphragm and larynx, it is amenable to the king of antispasmodics, atropine.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4310:—"Morphine Habit." (1) Stop drug immediately. (2) Give hypodermically one-half dram of Squibb's new extract of ergot twice a day, or in bad cases every two hours. This will tone up the relaxed capillaries of the nerve centers and thus relieve their irritability. (3) Give plenty of hot liquid food—no alcohol. (4) Keep the bowels open, at least two movements a day. (5) Keep up this treatment for two or three weeks after stopping the morphine, giving the ergot less frequently as time goes on.

As adjuncts to this treatment any or all of the following may be used, but the ergot alone will do the work: (1) Massage, either hand or vibratory. (2) Cold and hot sponging over spine; ice bags to head and spine every three or four hours; 3, 10 or 15 milliamperes of galvanic current, stroking the whole spine and holding one electrode on each side of the spine about two inches therefrom. (4) Vacuum cups over spine from one end to the other.

If these accessory measures are faithfully carried out there will be small use for narcotic or hypnotic drugs. See article by Dr. Alfred T. Livingston in the *New York Medical News*, March 5, 1904, p. 445.

Allow me to make a suggestion which will help to locate an article which one may want to refer to again. I have a copy of Gould and Pyle's *Cyclopedia of Medicine and Surgery*. I subscribe to some half-dozen medical periodicals. Whenever I see an article which I think I shall want to refer to I make a note referring to it in my dictionary, so I can

always find it in my files. Any other book of constant reference will do.

D. T. MARSHALL.

New York, N. Y.

ANSWER TO QUERY 4289:—"Gassed" or "Gassing." I will give the treatment that is used at the large smelting furnaces where they make "pig iron." When a workman is found "gas struck," as they call it, he is carried at once into the cast house or room where there is a sand floor and plenty of loose sand for a cover. A small hole is dug about six or eight inches deep and just large enough across the top so that the patient's face will plug it. He is lain face downward into this hole and then covered all over with nearly a foot depth of sand, except his hands and feet; he is literally buried in the sand. He is left in this position till he shows some signs of life by the movement of his fingers, hands or feet, when he is quickly removed. No other restoratives seem to work so surely and quickly. I understand the usual length of time under the sand cover is one-half minute to one and one-half minutes. As the oil gas is of about the same nature as the coal gas from these furnaces, I should try the same treatment, in case I arrived soon enough.

In ordinary cases such as we generally meet with, my general line of treatment has been to cover the body well so that the patient will be warm (as most of the cases occur in the winter and the gas comes from some defect of the stove), then open the windows and give plenty of fresh air. I give heart stimulants such as glonoin and aromatic spt. of am-

monia to increase the heart's action and send the blood through the lungs as frequently as possible. A cylinder of oxygen gas would be a nice thing to have at such a time.

Hoping that this may be a help to the family I will close.

W. E. McCHESNEY.

Niagara Falls, N. Y.

Referring to Query 4289 in May number of CLINIC. "Gasted" is the word I have always heard used. This is nothing more than the inhalation of the gas that arises in deep wells and is generated in

blast furnaces; men are overcome with it who clean out wells and furnace boilers. The symptoms are apparently suspended animation, slowed respiration, and heart action with full pulse and distended veins. The treatment is to open a vein and bleed freely and stimulate. If the patient is a negro he is almost sure to malingering, but a few hypodermics of apomorphine, gr. 1-10, will bring him around all right. The text-books are silent on this affection and the above is the result of personal experience.

A. F. KERR.

Millboro, Va.

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QUE RIES.

QUERY 4340:—"Amenorrhea." Woman, aged 20; apparently well, blood in good condition. Menstruated at one time quite regularly, but only three or four times during the past three years. Organs fairly well developed, though ovaries seem rather small. Any suggestions will be gratefully received.

M. S., Massachusetts.

For the amenorrhea give Triple Arsenates, two after each meal; aletrin one granule, potassium permanganate one, and sanguinarine one, three times a day. Keep the bowels open with saline laxative, push nutritious food—beef juice, etc., and insist upon exercise and frequent bathing.—Ed.

QUERY 4341:—"Tuberculosis." Woman, age 27; mother; weight 104 lbs.; has been going down for three years. Temperature 101° to 102.5° F.; cough dry and tough; no night sweats so far; anemic; chills every day; no appetite. Under treatment (alkaloidal) for two weeks; is some better. Coughs less; eats better but fever remains; sleeps fairly well. I send sputum for examination. Please advise.

J. W., Okla. Ter.

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Patient has tuberculosis—and has it badly. We would suggest the following treatment: Thorough cleansing of the bowel with divided doses of calomel and podophyllin, 1-6 gr. each half-hourly for two hours, every fourth night, following with a saline laxative next morning; give in hot water. Before meals give two quassin and two hydrastin granules; after, two Triple Arsenates, one iodoform and one zinc sulphocarbolate. Between meals two calcium iodized (Calcidin). Every morning give a hypodermic of ten minims of nuclein—if this is impossible give large doses, ten to fifteen drops, twice daily *per os*. On rising two Dosimetric Trinity; same on retiring. Agaricin if needed for sweats. Pin a piece of flannel to the night-robe and drop five or ten drops of formalin on it so that the fumes may be inhaled all night. Follow the regular hygienic methods and continue dieting with care—forcing nutriment. If cough is very troublesome, control with heroin but use as little as possible.—Ed.

Eighteen new members joined the Association of American Medical Editors at the meeting at Atlantic City this year.

Sajous' snare has been rendered useless by unskilled makers, as it has not been protected by a patent.

QUERY 4342:—"Varix." Lady, 28, in perfect health except for varicose veins coming with first child and which extend from knee to foot; she has worn elastic stockings; an ulcer on anterior outer surface, above malleolus; best results while giving calcium sulphide; another doctor promises quick cure by Alkalometric methods.

J. O. W., Texas.

Begin by unloading the liver that there may be no possible engorgement there; then regulate the bowels with Anticonstipation granules, a sufficiency. Then give hamamelin, a granule every waking hour, increasing to six if needed; and apply the distillate of hamamelis locally and continuously. Tell the patient the cure must be slow to be permanent. Nature never does such reparative work in a hurry. Support the affected tissues with a flannel bandage or elastic stocking.—Ed.

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QUERY 4343:—"Locomotor Ataxia." Wanted, a remedy for the lightning pains of locomotor ataxia. Would cicutine and gelsemin be of any use?

S. D. Y., Michigan.

For the lightning pains of locomotor ataxia cicutine has given results, together with hyoscyamine, but it is not dependable in all cases. The changes which have taken place in the posterior columns vary so greatly that it is an impossibility for us to give a definite remedy for all cases. "Flying blisters" the size of a quarter applied over the painful area are sometimes most effective. Antipyrin is probably the most generally useful remedy for lightning pains and relieves nine cases out of twelve. What treatment is this man on? It depends a good deal as to the treatment what remedy will prove successful. As an adjuvant codeine, 1-67

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I have found it hard to find a properly-reported case of typhoid fever, said Sajous to the editors' association.

of a grain, or heroin, 1-16 of a grain, have proven effective, but they must be given frequently. The latest remedy is orchitic extract injected into the tissues frequently. Weir Mitchell claims that he has controlled the pains in nearly every case by this treatment. Have you tried Nuclein hypodermically?—Ed.

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QUERY 4344:—"Aspidospermine in Asthma." Is aspidospermine of service in asthma? Have several asthmatic patients and desire to know.

C. H. N., Minnesota.

Aspidospermine (from *quebracho*) has proven an excellent remedy in dyspnea of all kinds—bronchial, cardiac and nervous. It is not a remedy for asthma *per se*. It is a question whether asthma can be cured without elimination and relieving the morbid condition which causes the symptoms. Our treatment for asthma in its acute stage is: Strychnine arsenate, gr. 1-67; atropine, gr. 1-250; lobelin, gr. 1-12, and apomorphine, gr. 2-67, in a teaspoonful of hot water repeated every ten minutes "to effect" or to nausea. In the intervals strychnine should be pushed, at least 1-30 of a grain three times a day; atropine, gr. 1-200, should be added and free elimination with calomel, podophyllin and salines carried out. Uric-acid treatment will often prove of great service in asthmatic conditions.—Ed.

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QUERY 4345:—"Menorrhagia" of three years' standing; married woman, twenty-five years old. Woman fair skinned and blue eyed, weighs only one-hundred pounds. Gossypium (fluid extract), ergot and viburnum will check it for a time but does not cure. Kindly give treatment.

W. E. R., Tennessee,

Too many pages in our medical periodicals are covered simply with ink. So said that veteran editor, Dr. C. de E. Sajous.

If there is no lesion or malignant affection of the uterus, give two Triple Arsenates after each meal, one granule each of podophyllin, aletrin and hydrastin every four hours, calcium lactophosphate, one granule at the midhour between meals and morning, noon and night on an empty stomach, gr. 1-250 of atropine. "Look up" the uterus thoroughly and see what causes this condition. A prolonged menorrhagia of this kind must be due to some distinct lesion or organic abnormality.—Ed.

QUERY 4346:—"Gastralgia." Woman of 43; several children; menstruation normal; bowels constipated, tongue coated, never vomits, never jaundiced, no headache; is thin but wiry; pulse 76, respiration 20, temperature 99.5° F. She has suffered from severe attacks of pain, coming on two hours after eating, for the last sixteen years. The pain reaches from the umbilicus to the ensiform cartilage and around the left side to the spine. The only successful treatment hitherto has been starvation. Kindly suggest treatment.

M. C. H., Nebraska.

Hydrastin, gr. 1-6; strychnine, gr. 1-67, ten minutes before meals; immediately after eating give four of the Digestive granules. At the midhour between meals euonymin, gr. 1-67, and silver oxide, one granule, may be administered; each night on retiring let her take two Wide Awake Liver pills, followed next morning by a dram of saline laxative in a glass of hot water.—Ed.

QUERY 4347:—"Prolapsus Uteri. Acne." Young woman of 22, suffered for years with severe menstrual colic coming before flow and continuing through it. Pain over sacrum and left side near crest of ilium. Much descent of uterus

with pain attendant. Also has severe pain in stomach at intervals; never free from pain in either side, back or stomach. Appetite poor; not constipated; jolly when not in pain. Treatment resulted in amelioration of condition, but it returned and I shall lose her soon if I cannot get results.

Acne in young woman; seems in perfect health; local and general treatment seems useless. No apparent cause for acne.

E. H. J., Kansas.

We think you will never accomplish much until you get that uterus replaced. There is, possibly (probably, indeed), some tubal or ovarian involvement also. Replace the uterus and support it *in situ*; give hydrastin, gr. 1-6, aletrin, three granules, and macrotin, two granules, with strychnine arsenate, gr. 1-67, every three hours. Two granules of quassin taken before meals and one of the Triple Arsenates with Nuclein, after, will help to restore muscular tone. Try a belt and stem supporter.

For the acne case: Empty each "pimple," wash out with H_2O_2 , plain, and then with a hardwood toothpick dipped in pure carbolic acid touch the cavity. Neutralize with alcohol. Internally clean up with calomel, gr. 1-6, podophyllin, gr. 1-6, every fourth night (half-hourly for four doses); give saline laxative the next morning, first thing, and every three hours give xanthoxilin three granules, aluvin three, and arsenic sulphide, gr. 1-67. After meals give four Sulphur Comp. granules. Regulate diet and watch digestion. If needed—and it usually is—add gr. 5 Intestinal Antiseptic after eating.—Ed.

QUERY 4348:—"Hemoptysis." School boy, twenty; no history of tuberculosis, but recently from running to catch a car

Any man who has 15,000 circulation to reach, has an infinitely larger audience than any college professor.—Sajous.

I am primarily a physician; secondarily—and electroplated at that—an editor. Harold Moyer said that,

had a hemorrhage, which is repeated now every two or three days. From absence of all physical signs except slight jerking respiratory sounds on auscultation, I am unable to locate source of blood. Without valvular disease, he has had weak heart action for some years. I sent you sputum to examine for tubercle bacilli. [The sputum contains staphylococci, streptococci, diplococci but no tubercle bacilli.—Ed.]

T. S. H., Connecticut.

The sputum examination, as you will see by laboratory report, shows no tubercle bacilli. There is, however, a mixed infection. Calcium iodized, gr. 1, and calcium sulphide 1-6 of a grain, alternating every two hours, will be the main alternative treatment. In this case, give nuclein (twelve minims morning, noon and night on an empty stomach) and immediately after each meal two Triple Arsenates, and, one hour after eating, five grains of Intestinal Antiseptic (W-A), using all hygienic and dietetic measures necessary to bring this boy into a better state of health. After a week's treatment give before meals hydrastin, gr. 1-6.—Ed.

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QUERY 4349:—"Hernia." Do you know of any method of cure for hernia by hypodermic injection that is reliable and will cure?

O. W. P., Iowa.

Hernia can be cured by injection provided the operation is done by a man who understands the anatomy of the parts. There are many injections and many of these are efficacious; the majority of the injections consist of some preparation of *Quercus alba*, though iodine is used considerably. Warren injected tincture of iodine into the interior of the elongated neck or into the walls of it or just out-

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side into the interspace. The four symptoms of inflammation—heat, pain, irritation and swelling—must not be caused, at least Heaton so states, but simply the grade of irritation that induces exudation of serum. The use of the oak bark preparation renders the tissue covering the hernial aperture almost as tough as leather. The well-known Heaton formula for injection is as follows: The solution is made by mixing over a hot bath extract of *Quercus alba* fourteen grains, fluid extract of *Quercus alba* one-half fluid ounce. Of this he uses nineteen minims, adding one drop of carbolic acid and $\frac{1}{8}$ grain sulphate of morphine. The technique of the preparation is too long for description in a letter.—Ed.

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QUERY 4350:—"Gastritis with Possible Ulcer." Housewife; intense, excruciating pain in stomach after meals—usually two hours. Has been afflicted ten years and is growing worse. Pepsin for a time prevented the formation of gas. Soda gives relief—nothing else seems to, now. As the patient is a teacher, "trussed up" in corset all day, the suffering is unbearable. Pain affects her "clear through to the back." G. W. W., Arkansas.

There are some symptoms of ulcer and it would be wise to wash out the stomach and examine the wash water. Give before meals quassin, two granules, hydrastin, gr. 1-6; between meals silver oxide, one granule, and after eating (immediately) three of papayotin with five grains of powdered vegetable charcoal. One hour later give two grains each of sodium and calcium sulphocarbonate; every morning, the first thing on rising, a teaspoonful of saline laxative. If after a few weeks there are still evidences of hyperacidity and rheumatism,

Anyone who makes a discovery in pharmacy, or in anything, has a right to his remuneration secured by a patent.—Moyer.

The Murphy button depends for its use on perfect adaptation of the spring; which has been lost for want of patent protection.

give one granule each of colchicine and macrotin every four hours and Salithia every morning in place of the saline. The case appears to be one of chronic gastritis but with the possibility of an ulcer, this often being a sequel of hyperacidity.—Ed.

QUERY 4351:—"Infected Wound." Woman, 32, fell on ice and struck her right knee; it began to get sore and suppurate and I laid open the parts from the patella to three inches below the knee. I curetted the parts well and put in four stitches. The wound healed well, then she struck it and it began to get sore and now it is about $2\frac{1}{2}$ to 3 inches in diameter; has the appearance of a serpiginous sore. Has been pronounced malignant but the microscope reveals nothing of the kind. She is able to walk on it well.

W. A. S., Pennsylvania.

It is altogether probable that your case is tubercular. These wounds are most troublesome. We would suggest that you first of all curette thoroughly, then apply oil of turpentine, pure, daily for three or four days. If then the sore looks clean dress with aristol or euophen. If the tract is large and the skin growth slow, stimulate it by scraping a little epithelium upon the denuded spot and dress with Bovinine and gauze. Internally give two Triple Arsenates with Nuclein after each meal; half an hour later four Sulphur Comp. and at the mid-hour between meals give two of the Antiscorbutic tablets. Give a saline every other morning in a glass of hot water. Every fourth night give calomel, gr. 1-6, podophyllin, gr. 1-6, half-hourly for four doses.—Ed.

QUERY 4352:—"Eczema of Scrotum and Genital Region" in young man other-

wise healthy. Lover of sweets, pastry, etc. Better in summer. On his back now with this and gastric trouble.

W. B. S., Ohio.

Give aluin two granules, xanthoxylin four, and chimaphyllin three before meals, one arsenic sulphide after meals and saline laxative every morning on rising. Every fourth night calomel, gr. 1-6, euonymin, gr. 1-6, podophyllin, gr. 1-6, half-hourly for four doses. Apply locally ten grains of resorcin to the ounce of water. Keep the parts covered with lint soaked in the solution. Diet him carefully.—Ed.

QUERY 4353:—"Eczema; Seborrhea." Cases of seborrhea and eczema for which I wish advice. These are of three years' duration. In one case patch covers nearly whole body. They are slightly elevated, dark and covered with crust or scale. Scalp is also covered with thick crust. Oily preparations remove this but it quickly re-forms. Eight months ago these were simple cases of seborrhea of scalp, which had been under treatment for two years. I put them on a treatment I found in the CLINIC and had the pleasure of seeing them clear up. Patients then went away, neglected treatment and the trouble recurred in a worse form.

H. B., Nebraska.

Eczema demands, first and foremost, elimination. Instead of aloin, belladonna and strychnine, allow us to suggest the use of calomel and podophyllin, gr. 1-6 of each, half-hourly for four doses every third night. The next morning the first thing give them on an empty stomach a teaspoonful of saline laxative in a glass of hot water. As an application nothing equals a solution of resorcin—gr. 10 to the ounce of water. Apply this three times daily and itching and discharge

Porter's stethoscope has been disowned by the inventor because of unskilful makers putting out useless and incorrect instruments.

Patents upon products should be abolished; those on processes should be retained. This would stimulate invention.—Moyer.

will speedily cease. Alnuin, three granules, xanthoxilin, three before meals, and arsenic sulphide, one granule after eating, will be the main internal treatment. You might, an hour after meals, give four Sulphur Compound granules with advantage.—Ed.

QUERY 4354:—"Chloasma." What is the best remedy locally for chloasma?

C. R. A., Virginia.

There is no "remedy" for chloasma to be applied locally, but give calomel, gr. 1-6, and podophyllin, gr. 1-6, half-hourly for four doses, every third or fourth night, and the next morning a dram of sodium phosphate in a glass of hot water the first thing on waking. After each meal take four Sulphur Compound granules, and apply to the affected area H_2O_2 pure, letting it dry on or leaving a cloth, often resaturated, over the patch.—Ed.

QUERY 4355:—"Erythema Nodosum." Child of one year; from birth, falls or blows are followed by large knots resembling carbuncles. These are not painful, resemble blood-boils and disappear in two weeks. Several on body now, one on face as large as an egg. Aunt's two children are affected same way; when they have teeth extracted they have to have operative measures taken to stop bleeding. No tubercular taint. What is the disease and the cure for it?

T. C. B., Texas.

There is unquestionably a purpuric tendency in this family. They are "bleeders." In the case you cite you have distinct erythema nodosum; that is, so far as can be gathered from the rather scanty facts you give us. The child needs tonic treatment; quinine arsenate, gr.

1-67, brucine one-fifth of a granule and iron phosphate, gr. 1-67, three times daily will be best. The bowel must be kept empty of debris and aseptic. Melt a teaspoonful of a saline laxative in a glass of water, let it subside, sweeten, flavor with lemon and give a few spoonfuls every three hours. About an hour after each feeding give one grain of sodium sulphocarbolate—in solution. Locally apply either a boric acid solution—gr. 20 to the ounce—or one dram of arnica to the ounce of water. A granule of calcium lactophosphate twice daily with two minims of nuclein will be effective.—Ed.

QUERY 4356:—"Ichthyosis, Pityriasis Rubra, or Squamous Eczema?" Patient has had four different doctors—and four diagnoses, eczema, herpes zoster, dropsy and rheumatism are some of them. First symptom was swelling of legs, skin stretched, watery exudation into tissues, itching, pricking pains, skin fiery red with edema. Then this spread in different directions till her whole body was covered. Since then the skin has fallen off several times. It is similar to fish scales. Skin is red underneath after shedding. In a few weeks it sheds again at same place. Soles of feet crack and around the ankle are grooves in flesh. Sometimes palms are fissured and cracked. On the eyelids, ectropion is present, the conjunctiva is inflamed and pus oozes from inner and outer canthus. Digestion is good.

P. H. J., Pennsylvania.

We have yours of recent date and have given the case you describe careful attention. This would appear to be an ichthyotic affection. Pityriasis rubra is also to be thought of, but it is impossible to make a positive diagnosis from the facts before us. Ichthyol, either in an

You can patent the product of your industry if it be a book, calling it copyrighting; but not a remedy or an instrument.

All editorials in medical journals should be signed by the writers. We want to know who it is that is talking.—Crothers.

aqueous or unctuous dilution would be our local remedy. Try ichthyol, one dram; lanolin, four drams; benzoated lard, four drams. Internally after getting the *prima via* clean with small, divided doses of calomel and podophyllin (say gr. 1-6 of each half-hourly for four doses every third night), followed by a dram of saline laxative in a glass of hot water the next morning on rising, give three times a day, two of the Antiscrofulous granules of our list with four xanthoxylin. After meals four Sulphur Compound granules and two Digestive tablets. Apply your local remedy freely. Keep an eye on diet and examine urine. If uric acid is in excess, give the appropriate medicinal treatment and diet the patient carefully.—ED.

QUERY 4357:—"Echinacea for Snake-bite." If I give plenty of whisky and the preparation of echinacea internally I suppose it would be the best treatment for snake-bite?

E. W. Y., Utah.

The hundreds of cases of snake-bite reported as cured by echinacea are, for the most part, from reliable sources and so far no death has followed when echinacea has been used in time. The bites were by *Crotalus horridus* (rattlesnake) in every case. The parts should be cauterized or excised promptly and a ligature applied above the bite (if of the extremity), then a dram of echinacea—or half that quantity of the specific preparation "Echafolta" should be given every hour—oftener, even, at first—and the pure preparation applied to the wound on a compress. Whisky, is, we think, contraindicated. You can safely treat by this method—or several score of experienced men are fabricators!

Patents expire in due time; copyrights are eternal under the present laws in the United States, even with no patent.

Personally we have never treated a case of snake-bite, but one of the reporters injected the venom into his own hand and then treated as above without the slightest trouble following.—ED.

QUERY 4358:—"Paralysis of Vocal Cords." What is the best treatment for paralysis of vocal cords with involvement of the pharynx?

A. B. F., Ohio.

Paralysis of the vocal cords will yield sometimes to Strychnine and Phosphorus Comp. two tablets three times a day. Nuclein may be given hypodermically for its general tonic effect—ten minims every morning, or you can give six to twelve drops three times daily on an empty stomach. If you will give us the details of this case we will try to be a little more explicit and lay down a more distinct treatment. What caused the paralysis and what is the condition of the parts generally?—ED.

QUERY 4359:—"Ulcer." Sometime ago I wrote you that I had an ulcer on the chin seven or eight years old. Everything had failed to cure it. Since you suggested treatment it is much better, and with some more suggestions from you we will, I am sure, cure it entirely. There is no infiltration or "drawing in," no adhesion to bone. Do not think it is cancer. It breaks out and then dries up; scale breaks off and it all goes through the performance again. Please give further treatment. [The patient has been on calcium sulphide, hydrastin, Sulphur Compound and nuclein.—ED.]

J. M. N., Arkansas.

We note with pleasure that the ulcer on your chin has almost ceased to exist. We will cure it for you if it can be cured. Continue the treatment you are now on,

The laborer is worthy of his hire; but he cannot take out a patent if he wishes to remain an ethical doctor of medicine.

and apply, after cleansing with H_2O_2 , pure ichthyol, one dram; resorcin, $\frac{1}{2}$ dram; lanolin, $\frac{1}{2}$ ounce; benzoated lard, two drams. Mix. As soon as granulation starts up and the ulcer begins to heal apply Bovinine and iodoform or defibrinated bullock's blood if you can procure it in an aseptic condition. Keep the gauze dressing constantly saturated and you will be rid of the growth within the next month.—Ed.

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QUERY 4360:—"Thrush." Mother, 26 years old, three children, had "thrush" on nipples with first child. She has been troubled with it with every child since. The present baby is six months old; had thrush when very young. Did not trouble me, however. When three weeks old I began to have slight pain in the left breast. Thought I had taken cold, finally both breasts affected. Nipples were tender at times. Now have a little white substance on end, looks like thrush in child's mouth. Get tender but do not fester. Trouble seems to be on inside. It is painful for child to nurse, her mouth gets bloody, and the blood seems to come from inside the nipple and there seems to be a crack right on the end where the milk exudes.

W. H. K., Georgia.

There is a distinct infection of the "nipples." It is a vegetable parasite present which causes the trouble. Have the entire areola around the nipple painted with a 10 per cent solution of silver nitrate after first cleansing with a 50 per cent solution of H_2O_2 . Before nursing bathe freely with saturated boric acid solution. Swab out the baby's mouth at the same time with the same solution and repeat after nursing. Between nursing apply to the breast upon a piece of lint the following ointment: Ichthyol, one dram; iodine, $\frac{1}{2}$ dram; boroglyceride

one dram; glycerin, one ounce. On no account place rubber over this. You have been making an error in using rubber on the nipples at all. It would really be better for you if you could wean the child, but follow out this treatment for a while and you should be able to report yourself cured.—Ed.

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QUERY 4361:—"Leg Ulcer." Please send me treatment for a long-standing indurated leg ulcer. I am at my wits' end to know what will heal it up.

A. V. P., Pennsylvania.

Place the patient upon xanthoxylin three granules, chimaphyllin three granules at the midhour between meals; with each meal one Triple Arsenate with Nuclein tablet and one hour after eating four of the Sulphur Compound granules. Locally trim away all debris from the ulcer. If the edges are undermined scarify with the lancet, and then apply pure spirit of turpentine on a piece of lint. Over this place a larger square of lint covered with ung. resinæ of the U. S. P. (Resinol, if you prefer it, will be a good preparation) and bandage snugly. Have the leg dressed each day, and you will be surprised to note that within two or three weeks you will have a very, very small sore to deal with. The last week it is well to change the dressing and apply iodoform or one of the synthetics.—Ed.

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QUERY 4362:—"Splenitis?" Lady, aged 40; enlarged spleen since childhood. Shortness of breath; nervous most of the time; diarrhea some of the time, some of the time constipated; no appetite. Spleen hard, tender on pressure. Have given calomel, quinine, arsenic, etc. I think you advise berberine for such cases. Will you suggest a treatment?

J. A. B., Arkansas.

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Cocaine is most often used for sundown journalism, and it explains a tendency to useless repetitions.—Crothers,

Many textbooks are written under the obvious influence of drugs; and editors are pestered with such articles.—Crothers,

The first thing on rising let this lady take a teaspoonful of a saline in a glass of hot water; every third night 1-6 grain of calomel and 1-6 of podophyllin half-hourly for four doses; three times a day at the midhour between meals four xanthoxylin and a half-hour before eating two berberine; with each meal two "Digestive" granules. Follow this treatment for a month and report condition. We will then try to lay down a treatment which will carry the case forward to recovery. We might suggest the addition to this of one Dosimetric Trinity morning, noon and night on an empty stomach to equalize the circulation.—Ed.

QUERY 4363:—"Anesthetic for Circumcision." I have a patient who has to be circumcised. Fear the result of chloroform. This is a child of ten. Do you consider it essential to remove an elongated prepuce? Will ethyl chloride answer in such cases and is it superior to cocaine?

V. H. G., Missouri.

To circumcise a child the best plan is to apply a 10 per cent solution of cocaine to the mucous lining of the prepuce, then constrict the base of the penis with a rubber band and, after spraying with ethyl chloride the outer skin (which should be drawn forward well clear of the glans) till frozen evenly, snip off the superabundant tissue with one cut; "trim up" the corners of mucous membrane quickly and finally removing the ligature. Two or three stitches may be taken but this is not always needed. A condom, with a hole cut in the top makes the best protective for the dressing which should be a simple strip of Nosophen gauze. This plan is more satisfactory than infiltration anesthesia. The pain is nothing.—Ed.

QUERY 4364:—"Gastric Ulcer or Cancer?" Female (cook), age 45; weight 160 lbs. For several years has had violent attacks of pain in the stomach. This is becoming more frequent and is increased on pressure. The pain is always in one spot. Exacerbations come on sometimes at night but often three hours after eating. The spot is below the ensiform cartilage. Pain often across the back opposite the spot in front. No deposit in vomit but undigested food and bile. Streaks of blood yesterday for the first time. Bowels act fairly well but kidneys require arbutin daily. No alcoholic or other bad history. Is this cancer and what treatment do you suggest?

N. W., Ontario.

From the description you give there is ulceration of the stomach—there may, however, be malignancy and nothing will settle that point so well as a Boas test breakfast. If the tongue is dry and red with a white strip down the center, or smooth and moist but lightly coated, then you have ulcer signs. The tongue in cancer is pale and furred. In cancer the pain is continuous but in ulcer comes on as you describe. The absence of coffee-ground vomit is no argument against ulcer, as the only hemorrhage which occurs in some cases is manifested by clear blood in the vomit. In cancer the blood which passes is often decomposed. Place this woman on two Digestive tablets before each meal with one of hydrastin and after eating give four papayotin granules with one Manganese Comp. One hour after food give gr. two of bismuth beta naphthol or bismuth subgallate. The diet should consist of milk and Vichy, or milk and barley water with albumen water, etc. Beef juice is good and an excellent preparation is Somatose. Of course when you are sure as to the diagnosis you should cut off

Too much journalism and bookmaking consists of by-products of the brain, drug-products, beer-flavored.—Crothers.

In the products of exhausted or drug-stimulated brains there is no message, no thought worthy of record.—Crothers.

food by the mouth and feed by the rectum till the ulcer is healed. If you decide to so treat the case and we can offer any suggestions, advise us.—Ed.

QUERY 4365:—"Styes. Will anemoin abort styes?"

R. H. W., Illinois.

Calcium sulphide, Doctor, will abort "styes" much more rapidly than will anemoin, in fact, we were not aware that anemoin would have this effect. Give 1-6 gr. of calcium sulphide hourly for twenty-four to forty-eight hours and one Triple Arsenate, after each meal, with three Sulphur Compound granules and a teaspoonful of saline laxative on rising every other morning, and you will not have a second stye on that patient.—Ed.

QUERY 4366:—"Syphilide." Man, married; aged 30; has contracted in the usual manner an eruption which consists of blue spots over groins, even affecting scrotum and anus. Itch so intensely at night that sleep is impossible unless medicine is given to produce somnolence. Two others claim to have contracted same diseases from same woman.

W. F. S., Texas.

It would appear that this patient has a macular syphilide—somewhat advanced. At first these are usually of a pink or rose color but later get duller or even purple in tint. The "wheal" type sometimes are raised but these do not itch. These evolve slowly, persisting for weeks and leave stains. Finally they assume a dirty yellow or brownish tint which remains long after the exanthem itself has gone. That you have a syphilitic rash is evident and it will be necessary to place these patients upon approved syphilitic treatment at once. Is

it not possible for you to confirm your diagnosis by examination of the woman? Four Sulphur Comp. granules after meals with saline laxative every morning will act splendidly as a general alterative and blood purifier and to this add two "Specific Syphilitic" tablets three times a day increasing after a period of two weeks to three at a dose and then after three weeks return to two. Impress upon these patients the necessity for prolonged treatment.—Ed.

QUERY 4367:—"Syphilis." Treatment of syphilis, three or four months' duration. Do you have a "specific" treatment; if so, what is it?

R. L. B., Tennessee.

The best remedy for a case of syphilis is the "Antisyphilitic" tablet, adding in this case, as it is of so recent origin, one granule of phytolaccin to each dose. This tablet is the result of years of experience and experimenting, and it will give better results in cases of syphilis than any other remedy or combination of remedies we know of. You must keep the case under treatment for at least nine months, better, for a year. In the meantime the man must be continent, careful of his diet and should see you at least every two weeks. Keep the bowels freely open with saline, a teaspoonful in a glass of hot water every second morning; every third night give calomel, gr. 1-6, euonymin, gr. 1-6, and juglandin, gr. 1-6, half-hourly for four doses. You can rest perfectly easy as to the results of this treatment. Push the dose as directed and your patient will recover.—Ed.

QUERY 4368:—"Seat Worms." They are of a whitish brown color and about half an inch long. Passes large quanti-

Medical journalists should never devote themselves exclusively to that line of mental occupation.—C. F. Taylor,

Even the worst of illustrations is worth more than a page of print for conveying and enforcing an idea.—Wurdemann.

ties of them daily. Have exhausted everything I could think of without much relief. Please give me treatment.

F. A. D., Massachusetts.

Seat worms will yield to infusion of quassia chips. Take a handful of quassia chips, put on a stove with one quart of water and let boil down until nearly a pint. Strain, dilute again to a quart and throw one-half into the rectum with a fountain syringe. Repeat in twenty-four hours. All these "wormy patients" need building up. Give one Triple Arsenate after meals and two xanthoxilin a half-hour before eating.—Ed.

QUERY 4369:—"Diagnosis Wanted." Mrs. S., housewife, American, 36 years of age; married and a mother of six living and healthy children whose ages range from one to seventeen years. She has a good family history. She had the usual diseases of childhood, including typhoid at the age of twenty. She recovered from all without complications. She had sick headaches, prior to her marriage, eighteen years ago. Menstruated at fifteen, regular 28-day type and otherwise normal. At present she is well nourished; short and thick-set. Appetite good, bowels regular, sleeps well. In fact outside of her one trouble appears perfectly normal. Her weight has increased slightly during the past year. In March of last year she had la grippe followed by pneumonia (?) and before recovery gave birth to her last child. The third day after the birth of the child a sudden pain caught her in the left limb with excruciating pains in the hip and thigh on attempting to abduct the thigh or turn the toe outward. There was also considerable pain in the back of the thigh. At this time she had no fever, rigors, sweats or anything pointing to an infection. The trouble then, she says, seemed to be in the hip, but upon an examination the hip joint was found to be normal. There was no

tenderness. She recovered from the labor in the usual time, but it was two months before she could walk without crutches. At the present time the patient walks lame and with a crutch. There is still the inability to abduct the limb or to rotate the toe outward without the old pain returning. There is no pain nor are there other subjective sensations in the limb when quiet, except on using it in doing her work there is an aching sensation. Riding over rough roads, seem to aggravate it and any jar or twist or quick misdirected step seems to cause most severe pain. The limb is considerably weaker than the other and frequently on standing the leg will suddenly flex at the knee and she nearly falls. There is no shortening, atrophy or discoloration. The adductor tendons seem to be in a state of tonic contraction and feel tense. There is pain in the adductor muscles when the thigh is abducted. The patient's heart, lungs, abdomen and kidneys are free from disease and were it not for the above trouble she would be regarded as a perfectly healthy and normal individual.

C. E. S., North Dakota.

We wish, Doctor, we could put our finger on the *point* and say "there is the trouble," but can only suggest that further examination is necessary to eliminate reflexes of the uterus, especially small lacerations of the os or any point of pressure in the true pelvis. We hazard the following: A reflex neurosis; a neuritis of the obturator nerve; pressure on the adductor nerve somewhere in its course, or strain of the adductors during labor. In the treatment, massage with some oil, and the galvanic current to the affected muscles, one pole over the lumbar region, and passive movement of the leg to overcome tonic contraction of the adductor muscle. If you can find a point of tenderness at the origin of the muscles, small blisters may relieve.

The more illustrations an article or a journal can carry, the better. The cost is now far less than it was 20 years ago.—Wurdemann.

Porter began his paper with these stirring words: "Gentleman, comrades of the Quill and of the Sacred Scissors."

there is a tear, repair it. If any pressure point within the pelvis from inflammatory deposit, remove by tampons, etc.

We congratulate you, Doctor, upon the complete history of the case and wish that we could suggest more definite diagnosis and treatment.—Ed.

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QUERY 4370:—"Blood Count." Want to make a blood count and estimate of hemoglobin. Could I send the blood to you for examination? My impression is that this work should be done at the bedside.

M. B. R., Iowa.

An examination of the blood for hemoglobin and a corpuscular count would have to be at the bedside.—Ed.

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QUERY 4371:—"Cancer." Have been a sufferer with cancer a long time. I do not see anything among the alkaloidal preparations applicable to this disease. What is the treatment for cancer?

J., Texas.

Condurangin and nuclein are the best remedies. Thuja is excellent for use locally in the form of a magma with echinacea internally to full saturation. Nuclein must be given in every case hypodermically or *per os* and condurangin has yielded remarkable results in some cases. If you decide to try the alkaloidal treatment we shall be pleased to give you any suggestions possible.—Ed.

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QUERY 4372:—"Hay Fever." What is the best treatment for "hay fever?" The season is approaching and I never have been able to cure my cases—or relieve them for any length of time for that matter either.

A. C., New York.

It makes no difference when it comes to treatment whether you call it *hay fever*

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The demand for pure, brave journalism is at this moment greater than ever before.—Porter. Especially in medicine.

or something else, the same treatment will cure the disorder and as "a rose by any other name would smell as sweet" so hay fever under any other treatment will usually defy the doctor's efforts.

It is a known fact that Brown, Jones and Robinson may be subjected at the same time under the same conditions to the same influences but Jones alone will contract "hay fever." Why? Because there is something about his condition which renders him a suitable subject. There must be either a local or a systemic abnormality before this disease can exist. In nine cases out of ten elimination is at fault—the blood is in anything but a normal condition and the leucocytic action below par. Make an analysis of the urine of a patient just before the annual attack of hay fever and you will "find out things." Add to this a blood count and you will know still more about the *fons et origi* of this annoying malady. But all this is for the essayist and pathologist; we would simply call attention to these facts as being essential to comprehending the *rationale* of the treatment advocated.

First and foremost *eliminate*, whether it is as a prophylactic measure or curative one. Renal and intestinal excretion must be stimulated. Give the patient for one week two calcium carb. co. tablets every three hours with half a pint of water and every night half-hourly for four doses a tablet composed of calomel, podophyllin, leptandrin and iridin. The next morning let the patient take a teaspoonful of a good saline on an empty stomach. After the first day he should take two tablets composed of calcium iodized, arsenous acid, quinine ars. and nuclein and one containing

In France Sajous had to defend almost to the duel point the honor of American medical science.

hydrastin, helenin and collinsonin. Morning, noon and night the *nares* should be cleansed with warm saline solution—either the douche atomizer or irrigator may be used or the patient may “sniff” the solution from his hand—and then, with a cotton-wrapped applicator he should apply to the mucosa a solution which contains sol. adrenalin chloride, hydrastis (colorless), liq. atropine and glycerin properly diluted with distilled water. Some of this solution should also be “snuffed” well back into the posterior nares, or applied with cotton applicator well saturated; let him throw back his head and allow some of the fluid to run through into the throat. This will suffice for any ordinary case but in those which are seriously affected and “chronic,” atropine, gr. 1-500, and cicutine one granule given half-hourly for two or three doses will serve to control almost any paroxysm. In such cases—especially when the attacks come on at a certain hour each day—the fluid may be applied every two or three hours—often enough in fact to control the irritability of the mucosa.

It must be borne in mind that many cases of “hay fever” are not, really, such, but are due to rhinoliths, spurs and catarrhal changes in the tissues, these conditions becoming manifest only when subject to the irritation of some certain pollen or substance.

Do not expect to cure these cases with medicine. Do not expect either to *cure* any case until you have eliminated retained waste and set up a normal excretory condition. Follow instructions faithfully, impress upon the patient the necessity for carrying out the treatment

in its entirety and you will be able to control “hay fever.”—Ed.

QUERY 4373:—“Intestinal Fermentation.” Miss S. McC., age 49, climacteric at 47 without trouble. Dyspeptic for twenty years; left hemicrania two to three paroxysms per year. No murmurs at heart. Sometimes pain above and below heart; not constant, occasionally. Beats sometimes slowly; sometimes rapidly. When intestinal gases accumulate there are unpleasant feelings between the shoulders at times. A great deal of gas in the bowels and there is a constipated condition. Two years ago last August she had what she calls “a shake” for several hours which was relieved by morphine; it was followed by a pain over the right hip and under the short ribs; then it moved over the stomach, where she had a burning pain for a time. She now has tearing sensations all the time over the general cutaneous surface, with pricking sensations. Urine; specific gravity yesterday morning 1030. No albumin; no casts, but full of urates. H. F. B., Kentucky.

This is the treatment we believe to be indicated in this case. Every third night give half-hourly for four doses, gr. 1-6 each of calomel and leptandrin. Follow the next morning, the first thing, with a teaspoonful of saline in a glass of hot water. Before each meal give hydrastin, gr. 1-6; after eating, two Digestive and four Sulphur Comp.; an hour later, gr. 5 Intestinal Antiseptic. After ten days substitute four, six or eight Anticonstipation granules for the Sulphur Comp. Give enough to produce a daily stool. Report in one month and we will suggest further treatment.—Ed.

QUERY 4374:—“Dosage of Verbenin.” I have taken verbenin now for about a year and a half for epilepsy and, although the auras have not ceased entire-

Tuberculosis, as compared with fraud, does not hide behind fake endorsements and the shelter of the law.—Porter.

Tuberculosis if unchecked in its spread will destroy the lives of one-seventh of the urban populations.—Porter.

ly, the attacks are not as frequent as formerly. I have been in the habit of increasing the dose right after an attack or aura, until now I am taking eight tablets to a dose, three times a day. Since taking this amount (which has been for the last two weeks) I have noticed a sharp, lacinating pain over the right temple and the right eyeball feels very warm although it is not inflamed. Do you think that this is due to the verbenin? I have lessened the dose but that does not seem to affect the pain.

R. J. S., California.

We do not think that the sensation you mention is due to the verbenin. Reduce the dose, however, and see if the pain leaves. We suggest, Doctor, that you keep your bowels thoroughly cleaned out, and take enough of the Intestinal Antiseptic after each meal to maintain intestinal antiseptis. Take four verbenin at a dose, and add one of the Anti-epileptic granules (Timmerman) and see if you do not get better results. We hope to have a more detailed report of your case and of your success with this treatment.—Ed.

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QUERY 4375:—"Tabes Mesenterica?" A young lady has had measles and whooping-cough within a year. Was teaching school when taken ill. Has been ill more than seven weeks; her case for some time resembled typhoid fever, and I rather think she had that. Her temperature continues at 99° to 101° F. in the morning, 103° F. in the evening; pulse 110 to 120 or more, not strong. She is very anemic and has lost much flesh. Her abdomen is distended quite uniformly from the umbilicus, tympanitic, constipated, very little tenderness. I have seen her several times in consultation. She first called on Dr. M—nearly eight weeks ago. He said her temperature at that time was 102° F., pulse 160. The diagnosis at this time is possibly "Tabes Mesenterica."

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Tuberculosis is one of the most easily curable of all the diseases that afflict the human race.—Flick.

Sunday, May 15, she was taking strychnine, carbonate of guaiacol, proto-nuclein (had no nuclein on hand) and such nourishment (milk, egg albumen, etc.) as she will. The Intestinal Antiseptic, a saline laxative, Dosimetric Trinity, etc., have been used, but I am the only one of the three physicians using alkaloidal remedies and cannot control entirely the course of treatment. I think this case calls for nuclein and Neuro-Lecithin.

J. R. H., District Columbia.

This case is peculiar and it is impossible to make an intelligent and exact diagnosis from a distance. There may be tubercular involvement. However the patient is old for *tabes* which does not present quite the picture you give and diarrhea is usually present. There is no question however as to the general treatment required. Have her take the saline in *hot* water every morning, the first thing on awakening, and every three hours for one week hydrastin, one granule, xanthoxylin, three, and euonymin and juglandin, each one. Every four hours give five to ten grains of the Intestinal Antiseptic with enough water to wash down the crushed tablets. Sanguiferin or Bovinine, two drams every two hours. Fruit juices, predigested foods and meat juices with albumen and barley water only. Massage daily. High enemas as follows. First throw into rectum four ounces of pure olive oil and then follow with one quart or three pints of normal saline solution. After food give two Triple Arsenates with Nuclein and ten drops of the latter hypodermically daily. Have feces and blood examined microscopically.—Ed.

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QUERY 4376:—"Facial Paralysis." The patient is a man about 55 years of

Tuberculosis is to be combated in St. Louis as in Philadelphia and New York, by local sanatoria.—Porter.

age. The muscles involved on the left side of the face and the angle of the mouth on the left side remain immobile. Eye on left side cannot be closed, unless he closes both. There is no pain and hearing is normal. He says he can swallow and chew his food as well as ever. When trouble first commenced the paralyzed muscles were the seat of spasms but these have now disappeared. Patient is melancholy and fears general paralysis. He says he can not perform acts like buttoning his clothes as well as formerly. For spasms I gave atropine, gelseminine, cicutine and strychnine arsenate. The other treatment consists of glycerophosphates of sodium and calcium and Epsom salt for bowel action.

Any suggestions as to treatment will be greatly appreciated.

C. A. W., Iowa.

A case of facial paralysis of this kind is not an easy matter to treat. The question is what caused the paralysis? We suggest that you give Strychnine and Phosphorus Comp. No. 1, one granule every three hours, together with avenin, four to six granules, to be given in hot water three times a day, and morning, noon and night on an empty stomach, one Dosimetric Trinity. Keep the bowels open with small doses of calomel and juglandin, say 1-6 grain of each every half-hour for three doses every third night. Follow next morning with a teaspoonful of the saline laxative in a glass of hot water. You might try scutellarin, six granules, and cypripedin, four, given together in capsules or with a few spoonfuls of hot water about a half-hour before meals. This will control the nervous condition and should prove a useful addition to the treatment outlined. Of course if you can locate the cause of the paralysis so much the better. This treatment is on "general principles."—Ed.

Talk about tuberculosis, write about it, and some day the government may be impelled to act upon it.—Porter.

QUERY 4377:—"Malarial Toxemia?"

We are having a peculiar epidemic here, upon which I would like your opinion. It is chiefly confined to children; incubation about ten days. Symptoms: Malaise for from two to four days; fever very erratic, from 102° to 106° F., may be up one hour and down the next. May begin with convulsions. Pain in forehead, later referred to one or both ears; may be hardness of hearing. Nausea in about half the cases. Cough resembling that of measles in nearly every case. No expectoration and but very few have any rales in lungs. Pulse from 100 to 140. Neuralgic pain, shifting from abdomen, lungs, hips, kidneys, over chest, ribs, etc. Each child wants to lie quiet and does not care for any attention. While it has some resemblance to *la grippe*, I don't think it is that. I never saw the same course of symptoms until the last thirty days, and during that time I have treated twenty-four cases. I have treated symptoms only. I have not had a death, although three cases seemed doubtful for a few days. Length of disease from five to seven days.

D. F. S., Kansas.

The disease you describe has some of the features of a mild meningitis but we should be inclined to consider it a malarial toxemia. You do not tell us whether Kernig's sign is present, neither do you give any idea as to the treatment instituted with success. The neuralgic pains are common in malaria of childhood, so are the listlessness and convulsions with initial nausea. Bronchitis complicates sometimes. Is there splenic enlargement? Of course it is difficult for us to give at this distance and from a partial description a final judgment, but, Doctor, you probably have to deal with a type of malaria. Let us have a report on these cases with treatment, etc. The matter is of interest. We congratulate you.

To what a microscopic myth a one hundred thousand dollar suit for damages will dwindle when resolutely met.—Porter.

